



# REPORT

1959-60



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**LIST OF SUBJECTS DEALT WITH BY THE CENTRAL  
MINISTRY OF HEALTH**

- (a) Subjects for which the Ministry is primarily responsible.
1. The Administration of Central Department and Institutions:—
- (i) The Directorate General of Health Services.
  - (ii) The Malaria Institute of India, Delhi.
  - (iii) The All-India Institute of Hygiene and Public Health, Calcutta.
  - (iv) The Central Drugs Laboratory, Calcutta.
  - (v) The Serologist and Chemical Examiner to the Government of India, Calcutta.
  - (vi) The Central Research Institute, Kasauli.
  - (vii) The Indian Cancer Research Centre, Bombay.
  - (viii) The Central Institute of Research in Indigenous Systems of Medicine, Jamnagar.
  - (ix) Post-graduate training centre in Ayurveda, Jamnagar.
  - (x) The Lady Reading Health School and Ram Chand Lohia Infant Welfare Centre, Delhi.
  - (xi) The Lady Hardinge Medical College and Hospital, New Delhi.
  - (xii) The Kalavati Saran Children's Hospital, New Delhi.
  - (xiii) The College of Nursing, New Delhi.
  - (xiv) The Hospital for Mental Diseases, Ranchi.
  - (xv) The All-India Institute of Mental Health, Bangalore.
  - (xvi) The B.C.G. Vaccine Laboratory, Guindy, Madras.
  - (xvii) The Indian Council of Medical Research, New Delhi.
  - (xviii) The Willingdon Hospital and Nursing Home, New Delhi.
  - (xix) The Safdarjang Hospital, New Delhi.
  - (xx) The Leprosy Teaching and Research Institute, Chingleput, Madras.
  - (xxi) Medical Stores Depots and Factories.
  - (xxii) The All-India Institute of Medical Sciences, New Delhi.
  - (xxiii) The V.D. Training Centre, Safdarjang Hospital, New Delhi.

- (xxiv) Contributory Health Service Organisation, New Delhi.
  - (xxv) Airport Health Organisation.
  - (xxvi) Offices of the Assistant Drugs Controller at Ports.
  - (xxvii) The Antigen Production Unit, Calcutta.
  - (xxviii) Central Quinine Office, Calcutta.
  - (xxix) The Central Food Laboratory, Calcutta.
  - (xxx) Medical College, Pondicherry.
2. Relations with United Nations and foreign and International Organisation, *viz.*, World Health Organisation, UNICEF, Ford Foundation and Rockefeller Foundation, (Red Cross and St. Johns Ambulance).
3. International Sanitary Regulations, Seamen's Welfare.
4. All-India Councils of Medical and allied professions.
5. Drugs Standard Control—under the Drugs Act, 1940 (as amended) and rules thereunder.
6. Prevention of Food Adulteration.
7. Higher Medical and Public Health training of students abroad.
8. Medical Research.
9. Medical and Public Health development in the Union Territories of Delhi, Manipur, Tripura and Himachal Pradesh.
10. Central Plan for Medical and Public Health development.
11. Inter-State Quarantine.
12. Standards of physical fitness of Central Government servants  
Medical Examination and Medical Boards.
13. Medical attendance for Central Government Servants.
14. Health Services in the Union Territories.
15. Central Health Service.
16. Municipal and Improvement Trust administration in Union Territories of Delhi, Manipur, Tripura and Himachal Pradesh, Delhi Development Authority, Town Planning Organisation.
17. Family Planning.
18. Central Regional & Urban Planning Organisation.

(viii)

(b) Subjects in relation to which the Ministry exercises advisory and co-ordinating functions.

1. Development of Health Services in States in particular, services relating to the control of diseases like Malaria, Tuberculosis, Venereal Diseases, Filaria, Leprosy, etc., as also the development of Maternity and Child Welfare, Nursing and Family Planning.
2. The designing and equipment of medical institutions.
3. Nutrition.
4. Co-ordination of State Control of Standards of Drugs manufactured and sold in the country.
5. Training in Public Health Engineering.
6. National Water Supply and Sanitation Schemes.
7. Local Self-Government.
8. Development of Standards of Local Self-Government in India—Collection and Collation of information regarding Local Bodies in various States.



## CHAPTER I

### INTRODUCTION

The Central Government have the sole executive responsibility for subjects included in the Union List, and concurrent legislative responsibility with States for subjects contained in the Concurrent List. Matters connected with Health fall largely in the State field. The Centre is, however, directly responsible even for State subjects concerning the Union Territories of Manipur, Delhi, Tripura and Himachal Pradesh. While this is the constitutional allocation of responsibility, it does not follow that the Central Government do not have any responsibility in regard to Health except in relation to matters specified in the Union List. In general the Central Government's function in regard to matters in the State List, which are primarily the responsibility of States themselves, can be stated to be co-ordination, the collection and supply of information, supply of expert technical assistance and advice, and such other assistance as can be given for the promotion of the health and well-being of the country.

#### 2. Budget provision for the Ministry of Health for 1959-60.

The Budget provision sanctioned under Revenue and Capital Demands for the Ministry of Health during 1959-60 is as under:—

##### A. REVENUE

Demand No.	Budget Estimates, 1959-60 (in thousands of rupees)
42—Ministry of Health	14,09
43—Medical Services	6,63,09
44—Public Health	16,53,07
45—Miscellaneous	87,93
54—Delhi	88,36
55—Himachal Pradesh	21,86
57—Manipur	23,16
58—Tripura	19,02
59—Laccadive, Minicoy & Amindivi Islands	11,93
TOTAL—REVENUE	25,82,51

## B—CAPITAL

Demand No	Budget Estimates, 1959-60 (in thousands of rupees)
118—Loans for Urban Water Supply and Drainage Schemes (including Corporations and local bodies) . . . . .	12,50,00
,, Loans to Delhi Development Authority for Slum and Rehousing Scheme . . . . .	1,47,00
,, Loans to New Delhi Municipal Committee for electrification Schemes . . . . .	27,00
,, Loans for improvement of markets in Tripura . . . . .	46
122—Capital Outlay of the Ministry of Health.	
,, Plant and equipment for the manufacture of dry Freeze vaccine . . . . .	52
,, Cinchona Cultivation . . . . .	4,60
,, Medical Stores Depots and Factories . . . . .	1,62,26
,, National Malaria Eradication Programme . . . . .	7,74,59
,, Medical Colleges—Research Institutions . . . . .	4,00
,, Public Health Engineering Organisation . . . . .	2,00
,, Grants to State Governments for National Water Supply and Sanitation Programme (Rural) . . . . .	3,00,00
136—Delhi Capital Outlay . . . . .	16,14
137—Capital Outlay on buildings . . . . .	25,50
TOTAL—CAPITAL . . . . .	27,14,07

\*For 1959-60, the provision was made under the Ministry of Health. This work was subsequently transferred to the Ministry of Works, Housing and Supply.

\*\*For 1959-60, the provision was made under the Ministry of Health. This work was subsequently transferred to the Ministry of Irrigation and Power.

## CHAPTER II

### CONTROL AND ERADICATION OF COMMUNICABLE DISEASES

#### 1. National Malaria Eradication Programme.

The National Malaria Control Programme was switched over to Eradication from April, 1958. At the end of 1958-59, 230 units had been allotted out of which 225·25 were functioning. During 1959-60, 160 Hypo-endemic units were allotted to the following States bringing the total number allotted to 390 units:—

1. Andhra Pradesh	.	.	.	.	.	.	24·50
2. Bombay	.	.	.	.	.	.	17·00
3. Kerala State	.	.	.	.	.	.	11·00
4. Madras	.	.	.	.	.	.	27·75
5. Orissa	.	.	.	.	.	.	4·00
6. Rajasthan	.	.	.	.	.	.	7·00
7. West Bengal	.	.	.	.	.	.	3·00
8. Andaman Islands	.	.	.	.	.	.	0·25
9. Bihar	.	.	.	.	.	.	22·00
10. Jammu and Kashmir	.	.	.	.	.	.	1·00
11. Madhya Pradesh	.	.	.	.	.	.	3·50
12. Mysore	.	.	.	.	.	.	4·50
13. Punjab	.	.	.	.	.	.	7·00
14. Uttar Pradesh	.	.	.	.	.	.	27·00
15. N.E.F.A.	.	.	.	.	.	.	0·50
<b>GRAND TOTAL</b>							<b>160·00</b>

Except 4·5 units (3·5 units in Kerala State and 1 unit in Naga territory) all endemic units (225·25 units) which were to give two rounds of spray during the year have completed the first round of operations in the month of September, 1959. Out of 160 hypo-endemic units requiring only single round of spray, all except 12 units in Kerala State, started spraying operations.

The units (Endemic & Hypo-endemic) in Kerala State have started their first round of operation in November according to the pattern. The first round of spraying operations in Naga territories was, however, to start in February but it was not taken up due to the delay in setting up of the units.

Reports of the first round of spray received upto the month of August, 1959 indicate that about 561 lakh houses have received the first round of spray so far and the population involved works out to about 28 crores.

According to the approved National Malaria Eradication Programme, pattern, DDT was supplied in 1958-59 at a scale of 71 tons per endemic unit per annum and 35.5 tons per hypo-endemic unit per annum. As some of the States represented that the scale was low, the Central Council of Health in their resolution No. 5 passed at the 7th meeting held in Shillong on 15th, 16th and 17th January, 1959, recommended that additional insecticides be made available to cover the larger surface area to be sprayed in some States. During 1959-60 the increased demands of some of the States have been taken into account while allocating supplies of DDT. It is proposed to increase the rate of supply in 1960-61 to 90 tons DDT 75% per endemic unit and 45 tons per hypo-endemic unit.

The following material and equipment were procured during 1959-60 and distributed to the States:—

	Procured	Distributed so far	Source of supply
D. D. T. 75 per cent	Tons 18015 Nos.	Tons 18015 T.C.M.	
Trucks	420	300	Do.
Jeeps	30	30	Do.
Microscopes	750	682	Do.
Micromicroscopes	230	..	W.H.O.
Chloroquine Sulphate	Million 5	Million 3.88	T.C.M.
DDT Technical	Tons 200	Tons 200	Locally procured
DDT 75 percent wp	14	14	Do.
DDT 50 percent w.p.	2630	2630	Do.
Avlosol Tablets	Million 4.338	Million 4.338	Do.
Primaquine Tablets	0.825	..	Do.
H.C. Sprayers	3290 Nos	3290 Nos	Do.
Stirrup Pumps	3160 Nos.	3160 Nos.	Do.

195,000 gross microscope slides, 14 station wagons and 36 jeeps, are likely to be received from T.C.M. shortly and will be supplied to the States.

1,500 tons of B.H.C. 50% w.p. and 1,550 tons of DDT 50% w.p. are also expected to be procured and distributed to the States during the current year.

Six Regional Organisations with Headquarters at Hyderabad, Coonoor, Baroda, Cuttack, Shillong and Delhi are functioning and coordinating the activities of National Malaria Eradication Programme. An administrative committee constituted for guidance in administrative matters and a special working committee constituted for advice in technical matters are functioning at the Centre. Working committees have also been formed in the following States and Central territories and in Sikkim in order to expedite decisions on the various problems that may arise in the implementation of the programme:

1. Andhra Pradesh.
2. Assam.
3. Bihar.
4. Bombay.
5. Kerala.
6. Madhya Pradesh.
7. Mysore.
8. Punjab.
9. Rajasthan.
10. Uttar Pradesh.
11. West Bengal.
12. Delhi.
13. Himachal Pradesh.
14. Manipur.
15. N.E.F.A.
16. Tripura.
17. Sikkim.

The W.H.O. have deputed Advisory Teams one of which is functioning at Baroda and the other have completed investigations in Madras and Mysore States and will soon start work in West Bengal. The W.H.O. has also instituted experimental study on surveillance procedures in certain areas selected for the purpose in Mysore state.

Under the technical aid programme, the U.S.T.C.M. have deputed one medical entomologist who is at present working in the Malaria Institute of India, Delhi. They have agreed to make Rs. 8 crores.

available from U.S. PL 480 sale proceeds for the Malaria Eradication Programme. These funds will be used for the local purchase of material, equipment i.e. DDT and BHC and staff salaries and allowances etc.

They have also agreed to make available \$11.8 million for the purchase of 17,600 tons of DDT for use during the year 1960-61.

The Manual of Malaria Eradication operations has been revised and the revised edition is in press.

The Plan of operations for the National Malaria Eradication Programme during the third Five Year Plan period has been drawn up. The cost during the Third Five Year Plan period is estimated to be Rs. 58.28 crores.

In order to co-ordinate anti-malaria activities at the Indo-Burma Border, the 3rd Indo-Burma Border anti-malaria conference was held at Aijal (Assam State) from 23rd to 25th November, 1959.

A conference of all malaria workers connected with the implementation of the National Malaria Eradication Programme in the States and Centre was held from 22nd to 24th December, 1959 at Jaipur, Rajasthan.

During the year 1960-61 all the 390 units (230 endemic and 190 Hypo-endemic) will continue to function. In addition surveillance operations are proposed to be instituted in all the units excepting 25 endemic border area units.

During the year 1960-61 the following material and equipment are likely to be received from U.S. T.C.M. :—

1. DDT 75 percent . . . . .	24100 tons	(An agreement for supply of 17,600 tons has already been signed.)
2. Jeeps . . . . .	150 Nos.	
3. Chloroquine sulphate tablets . . . . .	8.5 million	
4. Primaquin tablets . . . . .	63 million	
5. Microscopic slides . . . . .	1,95,000 gross	
6. Microscopes . . . . .	30 Nos.	
7. Electrically operated calculating machines . . . . .	6 Nos.	

## 2. National Filaria Control Programme.

1. Forty-six Filaria Control Units were allotted to the participating States under the N.F.C.P. up to the year 1957-58. Owing to the tight foreign exchange position and the absence of continuing aid from the U.S. T.C.M. it was decided, on the advice of the Planning Commission, that the programme should be continued at the existing level during the remaining period of Second Five Year Plan. No new control unit was therefore, allotted in 1959-60. 45 units have been established, one unit allotted to one State has been surrendered. 3/5th of this unit has been allotted to Mysore State to raise the existing 2/5th unit in Mysore to one full unit.

2. Filarial surveys under the National Filaria Control Programme started in 1955-56. Survey units have been disbanded in all the States except Andhra Pradesh, Kerala, Madhya Pradesh and Uttar Pradesh. A population of 22·94 million has been surveyed under the programme upto October, 1959. Based on the findings of these surveys, it appears that more than 40 million persons live in the filariosus areas of the country.

3. The control operations are in progress in all the participating States except in Assam. 48·92 lakhs of persons have so far (upto October, 1959) been administered Diethylcarbamazine and Hatrozen under the Mass-therapy campaign. 24·59 lakhs houses have been sprayed once, 9·83 lakhs twice and 2·40 lakhs thrice with residual insecticides.

4. During the year 1959-60 various items of laboratory equipment and teaching material valued at \$10,000 are also likely to be received from the U.S.T.C.M. against O.A. No. 90 for primary use of U.S. Technicians assigned to this Institute.

5. 27 Inspectors were trained at the Filariasis Training Centre, Ernakulam during the current year. It is proposed to hold a course for Medical officers commencing from January, 1960.

6. A change in larvicide was made during the year, replacing the B.H.C. with Mosquite larvicultural oil. A change has been recommended in the insecticide for indoor residual spraying from Dieldrin to B.H.C. water dispersible powder (with 50 and 26% content) which is in use under some of the units.

7. The U.S.T.C.M. have provided the services of a Consultant Entomologist and Parasitologist to help in the programme.

8. Five sets of Audio-Visual equipment obtained from U.S.T.C.M. have been distributed to States. A Film strip on filariasis (black and white) prepared by the Central Health Education Bureau in collaboration with U.S.T.C.M. have been distributed to the participating States. Another Film strip in colour is under preparation by the U.S.T.C.M Consultant in Entomology in collaboration with U.S. T.C.M. A 16 m.m. film on 'Filariasis' has nearly been completed by the Information & Broadcasting Ministry, Government of India.

During the year 1960-61, it is planned to continue 46 control units allotted earlier under the Programme.

Arrangement will be made for the training of Medical Officers and Inspectors as and when the need is felt.

### 3. Control of Venereal Diseases.

Under the Scheme for the Control of V.D. included in the 2nd Five Year Plan, at an estimated cost of Rs. 58.67 lakhs, to the Central Government 8 Headquarters Clinics and 75 District Clinics were proposed. The Central Government meets 75% non-recurring and 50% recurring expenditure. The balance of expenditure being met by the State Governments.

49 Clinics have been established up to the end of November 1959 as indicated below:—

State	Headquarters V.D. Clinic	District V.D. Clinic
Andhra Pradesh	1	12
Assam	1	..
Andaman and Nicobar	..	1
Bihar	1	7
Himachal Pradesh	..	7
Kerala	..	2
Madras	..	9
Mysore	..	2
Punjab	..	1
Tripura	..	1
Uttar Pradesh	..	2
West Bengal	..	2
	3	46

In addition to 16 clinics sanctioned during the year, six V.D. Clinics were established by the Madhya Pradesh Government under the Tribal Welfare Scheme and two clinics were set up in Himachal Pradesh under the same scheme. A mobile V.D. Unit was also established in Mysore.

The Social and Moral Hygiene Association in India established a V.D. Clinic in Delhi in 1959. Training facilities and free supply of PAM (Penicillin) were extended to this Unit.

The total number of V.D. cases treated in these clinics in 1959 upto October, 1959 was 2,26,972.

The entire anti V. D. work in Himachal Pradesh has gathered great momentum with the additional units established during the period under review. They are also concentrating attention on the border areas with the Kulu Valley. A decline in sero-positivity in Himachal Pradesh has been indicated during the last five years.

Penicillin (PAM) worth approximately Rs. 1 lakh was purchased locally during 1959 for free supply to V.D. Units.

An intensive Mass anti-V.D. Programme in the Kulu Valley of Punjab was started in collaboration with the UNICEF in September, 1959. The UNICEF supplied 78,600 vials of 10 cc each of Penicillin (PAM) for this programme. 60 teams are operating under this Scheme and more than 50% (72,000) of the population at risk (130,000) were given penicillin (PAM) injections up to the end of October.

Data has been collected on the existing facilities for treatment of V.D. in merchant seamen at the major ports of the country with a view to work out uniform and adequate facilities. Routine ante-natal blood testing of all pregnant women attending the different ante-natal clinics is being stepped up.

Standard minimum requirements for V.D. Clinics and laboratories and a uniform method for reporting from these clinics on V.D. morbidity have been worked out. Diagnostic and treatment policies have also been standardized. A large number of V.D. laboratories are now using the VDRL test as the single test of choice in routine serology, and long acting penicillin (PAM) in the treatment.

During the year 1959 refresher courses in V.D. were given to 33 Doctors and para-medical personnel at the V.D. Training & Demonstration Centre, New Delhi.

The Government of India continued to be a member of the International Union Against Venereal Diseases.

#### 4. Yaws

Yaws Teams are continuing their operation in Madhya Pradesh, Andhra Pradesh and Orissa. Considerable progress has been made in the coverage of population particularly in Orissa. Revised Plan of Operations are being prepared to step up the activities, and to lay down the principles of the consolidation and follow up programmes. The total number of people examined and treated for yaws in the different States during 1958-59 are given below:—

Year	Andhra Examined	Pradesh Treated	Madhya Examined	Pradesh Treated	Orissa Examined	Orissa Treated
1958 .	130228	4415	242819	3985	175319	1728
1959 . (upto October)	85986	920	85°75	966	254999	2507

According to present schedule the Anti Yaws operation in the States concerned is expected to be completed by 1961-62.

#### 5. Tuberculosis Control Programme

##### THE B.C.G. VACCINATION PROGRAMME

The B.C.G. Programme was started in India in 1948 on a small scale with the help of the International Tuberculosis Campaign and later of the W.H.O. and the UNICEF. In 1949, it was extended to include organised groups such as school children and factory workers in large towns of the country. In 1951, the programme was organised on a mass scale to cover the susceptible population, particularly those below the age of 20, estimated at 170 million. 167 B.C.G. Teams, each consisting of one team leader and six technicians are working in the country. Upto the end of December, 1959, the number of persons tuberculin tested was 139,246,688 and out of them 48,830,180 were vaccinated with B.C.G. Vaccine. It is expected that the target of 170 million tests will be achieved by the end of the Second Five Year Plan.

The Central B.C.G. Organisation continued to co-ordinate the campaign in the States and assist them with the supply of statistical and publicity material like films on B.C.G., film strips, pamphlets and literature on tuberculosis, free of cost. To provide incentive to field workers in the States, the Central B.C.G. Organisation has instituted a shield to be awarded every year to a State adjudged best in all respects. Merit Certificates for Medical Officer and field staff have also been instituted.

The UNICEF has been supplying public address equipments, vehicles and vaccination kits for the campaign and the total contribution of WHO/UNICEF for the B.C.G. Campaign would amount to over \$2.4 million upto the end of 1959.

In order to enable the State Governments to achieve the target of B.C.G. Vaccination in the country according to schedule, a scheme of Central Subsidy to States for intensified B.C.G. Vaccination Campaign is included in the Second Five Year Plan, with an allocation of Rs. 25 lakhs. Central subsidy under this scheme is given as follows:—

- (i) Fifty per cent. of the pay and allowances of one Assistant Director of Public Health (Tuberculosis) in States where there is no such post, for a period of 2 years and 25% thereof for the remaining period of the Second Five Year Plan. The balance to be met by the State Government.
- (ii) Half of the expenditure on the pay and allowances of additional staff to be employed during the Second Five Year Plan for the completion of the B.C.G. Vaccination Programmes
- (iii) Towards the cost of training of B.C.G. Officers and team leaders in public health and tuberculosis at Rs. 2,000/- each.

Proposals for the appointment of additional staff have been received from all the State Governments except Mysore, Madhya Pradesh, Jammu & Kashmir and U.P. and they have been approved.

#### 6. Scheme for the Control of Leprosy

The scheme was started in 1954-55 as a Central Scheme under the First Five Year Plan. In the Second Five Year Plan, it has been included in the States' Plan. The State Health Directorates have reported the establishment of the following number of Leprosy Control Centres:—

Name of the State	Treatment and Study Centres	Subsidiary Centres
Andhra Pradesh . . . . .	..	9
Assam . . . . .	..	1
Bihar . . . . .	..	14
Bombay . . . . .	..	19
Himachal Pradesh . . . . .	..	3
Kerala . . . . .	..	3
Madhya Pradesh . . . . .	1	4
Madras . . . . .	1	12
Manipur . . . . .	..	2
Orissa . . . . .	..	13
Punjab . . . . .	..	1
Uttar Pradesh . . . . .	1	6
West Bengal . . . . .	1	1
Mysore . . . . .	..	7
	4	95

The scheme is under the charge of Director Leprosy Control Work. who is responsible for inspecting and advising on the operation of the scheme. He also ensures the co-ordination of the activities of the various centres through the State Health Directorates who are responsible for implementing the scheme.

The pattern of financial assistance to the State Governments for Leprosy Control Scheme during the Second Five Year Plan is as follows:—

Non-recurring expenditure . . . . .	100 per cent
Recurring expenditure . . . . .	80 per cent for first 12 months
	70 per cent for next 12 months
	50 per cent for next 12 months
	30 per cent for next 12 months
	20 per cent for next 12 months

A budget provision of Rs. 35 lakhs has been made during 1959-60 as the Central Government's share of expenditure towards the implementation of the scheme. The State Governments have been allotted 25 Leprosy Subsidiary Centres during 1959-60.

A scheme for the training of sixty medical officers every year in leprosy at the Medical College, Nagpur has been sanctioned and the first training course started on the 2nd September 1959.

A Leprosy Advisory Committee was constituted in February, 1958, to review the working of the Leprosy Control Scheme in different parts of the country and to suggest measures for the improvement of existing schemes. The Union Health Minister is the Chairman of the Committee which consists of representatives of the Government of India and the leading voluntary organisations engaged in leprosy work.

#### 7. Pilot Project for Trachoma Control

On the recommendation of the Trachoma Sub-Committee of the Indian Council of Medical Research, the Trachoma Control Pilot Project was started as a joint programme of the Government of India and the World Health Organisation in October, 1956, under the administrative and technical control of the Indian Council of Medical Research.

During 1956 to 1958, epidemiological surveys (random sample surveys and general systematic surveys) were undertaken in Aligarh district of Uttar Pradesh and Mass Treatment Programme initiated in Aligarh and Sitapur districts of Uttar Pradesh.

During 1958-59, activities were further extended to other States with the following objects:—

- (i) Pre-school Age Children Treatment Programme in Jaipur (Rajasthan);
- (ii) Primary School Children treatment Programme in Patiala District (Punjab).
- (iii) Preparation of Topographical Map of India on Trachoma.

During this period the surveys for the topographical map were initiated in the States of Bombay, Orissa, Andhra Pradesh, Kerala, Madras, Mysore and Madhya Pradesh.

During 1959-60, till the end of November, 1959 the activities initiated during 1958-59, were continued. The survey work for the topographical map was taken up in the States of Bihar, West Bengal, Assam and Jammu & Kashmir.

The Project has been further extended to carry on Initial Phase of Mass Campaign in the States of Uttar Pradesh, Rajasthan, Punjab, Madhya Pradesh and Bihar with the object of studying the methodology for mass campaigns and the administrative set up necessary for the same, which could be economical and practical under the present conditions of the Country.

**Programmes for 1960-61.** The following programmes are scheduled for 1960-61:—

1. Continuation of the programme for the topographical map survey in the State of Jammu & Kashmir.
2. Continuation of the programme for completing the topographical survey in the States of Uttar Pradesh, Punjab and Rajasthan.
3. Continuation of the Initial Phase of Mass Campaign in the States of Uttar Pradesh, Punjab, Rajasthan, Madhya Pradesh and Bihar.
4. Establishment of a Trachoma Research Centre at the Institute of Ophthalmology, Aligarh.

### **8. Rural Health Centre, Singur**

The Centre continued its immunisation programme against small-pox, cholera, typhoid in the unions of Singur, Balarampati, Bora, Nasipur, Anandnagar and Gopalnagar. Immunisation against

diphtheria, whooping cough and tetanus were also carried out in Paltagarh and Nasibpur areas. Spraying of D.D.T. was continued in some of the above unions to control the communicable diseases in the area. A number of tube-wells were re-sunk, repaired and squatting plates supplied. Health education programme was also continued by holding group discussions, demonstrations and cinema shows. A large number of clinical samples received from medical practitioners, clinics and local hospitals were examined in the Public Health Laboratory, Domiciliary services, particularly for MCH work was carried out in the area.

Apart from the usual field training provided to the students of the different courses in public health, short-term training programme was arranged for students of three under-graduate medical colleges of Calcutta and of the Extension Training Centre, Chinsura.

The following research programme has been carried out:—

- (i) Rural field study of population control.
- (ii) Field trial of oral contraceptives.

Facilities for field training of students of various categories of students, services and research work will continue.

#### **9. Seaport and Airport Health Organisation and administration of Port Quarantine**

As International Quarantine is a Central subject, Quarantine Administration at the six major ports viz. Calcutta, Vishkhapatnam, Madras, Cochin, Bombay and Kandla and five international airports viz., Bombay (Santa Cruz) Calcutta (Dum Dum), Madras (Meenambakam), Tiruchirapalli and Palam (Delhi), is directly controlled by the Central Government. The Quarantine administration at the minor ports has been delegated to the respective State Governments. Part time health clearance arrangements also exist at the Amritsar Airport (Rajasansi) and the Car Nicobar Airport. Arrangements for health clearance have also been made at the diversionary airports at Ahmedabad, Poona, Begampur, Lucknow, Allahabad and Gaya where international aircraft can be diverted, under emergency conditions.

The Indian Aircraft (Public Health) Rules, 1954, and the Indian Port Health Rules, 1955, which regulate the sanitary control of international maritime and aerial traffic and which were revised on the basis of the International Sanitary Regulations and the Government of India's reservation thereto were given effect from the 17th October,

1955, and the 27th February, 1956, respectively. The Government of India have also accepted the W.H.O. Additional Regulations of 1955 and 1956 with certain reservations and the above Rules have been amended accordingly.

No quarantine restrictions are applicable to traffic between India and Pakistan, or between India and Nepal. With a view to imposing health restrictions in respect of traffic between India and Tibet during an epidemic, arrangements have been made in co-operation with the different Sub-Himalayan States for the establishment of check-posts on the main traffic routes.

As India is a yellow fever receptive area, a vigilant watch is maintained to prevent the introduction of the disease into India. Under the rules in force, an aircraft, on entering India from any place outside India can only land at Bombay or Calcutta Airport, both of which are adequately equipped to take necessary measures, as provided in the International Sanitary Regulations. Certain aircraft can, however, land at other airports as indicated below:—

- (i) an aircraft operating between Ceylon and India can land at Tiruchirappalli or Madras Airport;
- (ii) an aircraft operating between Afghanistan and India can land at the Amritsar Airport;
- (iii) an aircraft operating between Singapore and India can land at the Madras Airport; and
- (iv) an aircraft which has been health cleared at Karachi Airport.

Similarly any ship coming from a port in a yellow fever infected area can only call at one of the six major ports before proceeding to minor ports.

Unprotected persons at risk to yellow fever are isolated on arrival, under mosquito-proof condition till the completion of 9 days from the date of last exposure to the risk of yellow fever or till their inoculation certificates mature, whichever is earlier. Mosquito proof yellow fever isolation hospitals are provided at the international Airports of Bombay, Calcutta, Madras and Tiruchirapalli. There are also emergency quarantine arrangements for 2 persons at the Palam Airport (Delhi).

Under arrangements with the Government of Pakistan, international passengers in transit, who are at risk to yellow fever, are detained in isolation at Karachi unless they are proceeding in the same international aircraft to Bombay or Calcutta Airport where adequate arrangements for their isolation under mosquito proof condition exist.

The Government of India is under an agreement with the Governments of Burma, Sarawak and the Philippines in terms of Articles 75 and 104 of the International Sanitary Regulations to the effect that unprotected international passengers at risk to yellow fever intending to proceed to any of these countries shall be detained in isolation in India for the requisite period.

As yellow fever may be introduced through infected monkeys a ban has been placed against importation of monkeys unless certified that the monkeys have not been to a yellow fever infected area within previous thirtyone days.

A Plan of Operation including detailed duties of the Central, State and Local Governments in case yellow fever makes its appearance in India has been worked out and circulated to all concerned. Sufficient stock of yellow fever vaccine, mosquito repellants, disinfectants, disinsecting appliances etc. are kept in reserve for any emergency. Provision exists for immediate despatch of a yellow fever diagnosis unit from the Central Research Institute, Kasauli, or the School of Tropical Medicine, Calcutta, and an anti-mosquito team from the Malaria Institute of India, Delhi, to the infected locality. Yellow fever has been made a notifiable disease in all the States. Key personnel in ports and airports are protected against yellow fever. Arrangements are being made for the manufacture of yellow fever vaccine at the Central Research Institute, Kasauli.

To make our ports and airports non-receptive to quarantinable diseases, intensive anti-mosquito, anti-rodent and other sanitary measures are taken in all the major ports and international airports. These measures are being undertaken in some of the ports by the Port Administrative authorities but the question of the work being taken over by the Port Health Organisations is being negotiated with the authorities concerned. The sanitary condition of the ports and airports and the areas abutting them remained satisfactory throughout the year. Water supply was subjected to periodical bacteriological tests and found to be satisfactory. Sale of food stuff and catering arrangements were inspected periodically and defects noted were corrected wherever possible by the authorities concerned. For the

co-ordination and better supervision and control of sanitation, anti-mosquito work, anti-rodent work etc. in the Airports and the surrounding areas, Airport Health Committees at international airports were established on the same lines as Port Health Committees at major sea ports. These Committees generally meet once in three months.

The Scheme for the pre-entry and periodical examination of seamen introduced in India in 1950 progressed satisfactorily. All expenses in connection with laboratory and other tests necessary in respect of seamen, who are declared temporarily unfit by Medical Officers, Seamen's Medical Examination Organisations or referred by the Medical Appeal Board are now being met by the Government of India. The I.M.S. (ME) Rules, 1951, have been revised and made more precise.

The facilities provided for outdoor treatment at the Seamen's Clinics in Bombay and Calcutta were availed of by the Seamen throughout the year. The scope of these facilities was extended by providing specialists' services in these clinics in respect of Eye, E.N.T. and Dental cases. The arrangements made for indoor treatment of seamen in the local hospitals at Bombay and Calcutta and for convalescent treatment in the Seamen's Clinics Bombay, continued as usual.

The number of seamen examined at the various major seaports in India for physical fitness and treated in the Seamen's Clinics at Bombay and Calcutta during the year 1959 is as given below:—

(i) Number of seamen examined for physical fitness upto 31-10-1959.

Bombay	.	.	.	.	.	.	.	8091
Calcutta	.	.	.	.	.	.	.	4868
Madras	.	.	.	.	.	.	.	239
Cochin	.	.	.	.	.	.	.	117
Visakhapatnam	.	.	.	.	.	.	.	39

(ii) Number of cases attended at Seamen's Clinics Bombay/Calcutta upto 31-10-1959.

		Old	New	Total
Bombay	.	5599	2022	7621
Calcutta	.	11790	1465	13255

The Government of India sent as usual a Medical Mission to Haj consisting of three doctors and two compounders with necessary medical supplies. Haj Seasonal Dispensary was also established in the rest camp at Jeddah. Fresh medical supply was also sent to Jeddah for the use of pilgrims. The health conditions of the pilgrims and sanitary arrangements were satisfactory.

As usual during the Ganga Sagar Mela Sanitary arrangements at the embarkation ground near the Outramghat were made by the Port Health Organisation, Calcutta, on behalf of the Government of West Bengal. Sanitation on board vessels which carried pilgrims was checked by the Port Health Officer before embarkation was permitted.

With a view to provide residential and office accommodation to Port Health Officers close to their place of work for prompt attendance to quarantine work at all hours of the day and night, Ministry of Health has approved the following new construction work:—

Nature of work	Amount sanctioned
	Rs.
Construction of office and residential accommodation for the officers and staff of the Port Health Organisation, Bombay . . . . .	328,500
Construction of office and staff quarters at the Port Health Organisation, Visakhapatnam . . . . .	118,500
Construction of residential quarters and office for the Port Health Organisation, Kandla . . . . .	414,000

These are non-plan items. The C.P.W.D. has been requested to prepare plans and estimates for the above items of work. The construction will start after the plans have been approved by the Port Trust and other authorities.

#### 10. The Influenza Centre, Coonoor

The Influenza Centre, Coonoor, was established at the Pasteur institute in 1950 with the object of international collaboration in the field of influenza.

There was no recurrence of influenza pandemic but localised outbreaks were reported from certain areas. The following outbreaks of influenza were investigated:

January	.	.	1959	An orphanage in Coonoor Bangalore
March	.	.	1959	Coonoor, Ootacamund and Mangalore
May	.	.	1959	Coonoor
July			1959	Coonoor, Wellington, Bettatti, & Ketti
September			1959	Chamraj Estate, Nilgiris District
September	.	.	1959	Military personnel, Wellington
October	.	.	1959	Wellington Cantonment

The epidemiological studies in the Nilgiris indicate that while Asian strains were still current, Type B virus seemed to be responsible for most of the cases till the end of April. During the subsequent months the outbreaks were mainly due to the Asian Virus with a fair number of infections with Type B virus.

Nineteen strains of Asian and four strains of Type B virus were isolated during the year and their biological properties are being studied.

On 28th August, 1959 a report appeared in the press that a virulent form of influenza-like illness presumed to be an epidemic of influenzal encephalitis was raging in the village of Mettupalayam, about 225 miles from Coonoor. Immediately on receipt of the news a team was rushed to the place to investigate the disease. The study of the materials collected indicates that the epidemic was not due to influenza.

During the year 1958-59, as against the grant of Rs. 5,500/- a sum of Rs. 5,312.36 was spent on the project.

The Government of India have made a grant of Rs. 6,000 during the year 1959-60 for the continuance of this project.

#### 11. Central Expert Committee on Smallpox and Cholera

As an unusual rise in the incidence of smallpox and cholera was reported from many States in India during the early months of 1958, the State Governments were asked, *inter alia*, to form expert committees to examine in detail all the aspects of smallpox and cholera and to recommend ways and means for their control and ultimate eradication. At the Centre, the Ministry of Health appointed a Central Expert Committee on Smallpox and Cholera under the auspices of the Indian Council of Medical Research in order to collaborate with the State expert committees for concerted action against the two diseases.

The ways and means for the control and eradication of smallpox and cholera were considered jointly by the Central Expert Committee and the representatives of the expert committees set up by the State Governments at a meeting held in February 1959. The Central Expert Committee submitted its report to the Health Ministry in June 1959.

The recommendations of the Central Expert Committee on Smallpox and Cholera were considered by the Central Council of Health in their meeting held on the 28th and 29th November 1959, and the following resolution was adopted:

"The Central Council of Health approves the recommendation of the Expert Committee on Smallpox, endorses the proposal for the appointment of a Smallpox Control Commission, agrees with the Plan of Pilot Projects in 1960-61, with Districts of 10—15 lakhs population as units, and recommends that provision for the latter be made in the next year's budget by the Ministry of Health as a Centrally sponsored scheme, and suitable preparatory action taken in hand by the State Governments."

It is proposed to implement the above recommendation of the Council during 1960-61.

## CHAPTER III

### MEDICAL EDUCATION AND TRAINING

#### 1 ESTABLISHMENT AND EXPANSION OF MEDICAL COLLEGES

There is a provision of Rs. 6·5 crores in the Second Five Year Plan for the establishment of Medical Colleges and expansion of existing ones. The Government of India have agreed to offer financial assistance for the expansion of the following Medical Colleges so as to increase the number of admissions upto 100 per annum —

1. Medical College, Dibrugarh.
2. Medical College, Guntur.
3. Medical College, Trivandrum.
4. Medical College, Madurai.
5. Medical College, Mysore.
6. S.C.B. Medical College, Cuttack.
7. Medical College, Gwalior.
8. Medical College, Indore.
9. S. N. Medical College, Agra.
10. Darbhanga Medical College, Laheriaserai.
11. \*Medical College, Baroda.  
( The amount earmarked for this college will be utilised for the newly opened college at Aurangabad).
12. Medical College, Jaipur.
13. Medical College, Amritsar.

The Central Government are also offering financial assistance to the State Governments according to the approved pattern for the establishment of the following medical colleges.

1. Medical College, Kanpur.
2. Medical College, Ranchi.
3. Medical College, Jamnagar.
4. Medical College, Bhopal.
5. Medical College, Jabulpur.
6. Medical College, Hubli.
7. Medical College, Kozhikode.

The Central Government have also agreed to offer financial assistance on an *ad-hoc* basis as shown below in respect of the Medical College, Kurnool, (Andhra Pradesh) and the Medical College, Bikaner, Rajasthan.

#### 8. Medical College, Kurnool:

- (1) Rs. 15 lakhs for the purchase of equipment, and
- (2) a sum not exceeding Rs. 7 lakhs during the Second Plan period from October, 1957 to March, 1961 for meeting 50% of the recurring expenditure on the College.

#### 9. Medicul College, Bikaner:

The Government of India have agreed to pay a grant-in-aid of Rs. 4.8 lakhs spread over a period of three years on the basis of 50% of Rs. 8,000/- per annum per student for 40 admissions per annum.

The Central Government have also established a Medical College at Pondicherry. The entire expenditure on the College will be borne by the Central Government.

Under the expansion scheme it has been further decided to give 100% financial assistance during 1959-60 and 1960-61 to the State Governments for the expansion of the following medical colleges:—

1. S. C. B. Medical College, Cuttack.
2. Medical College, Trivandrum.
3. Kurnool Medical College, Kurnool.
4. Guntur Medical College, Guntur.
5. Gandhi Medical College, Hyderabad.
6. S. M. S. Medical College, Jaipur.
7. Grant Medical College, Bombay.

A provision of Rs. 6.5 crores has been included in the Second Five Year Plan of the Ministry of Health for the establishment of new medical colleges and the expansion of the existing ones. As the entire amount had already been allocated, a sum of about Rs. 2.15 crores required for the expansion of the above mentioned medical colleges has been found from savings in other Health schemes. The Plan provision for the scheme will be exceeded by about Rs. 1.63 crores.

#### 2. ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NEW DELHI.

The All India Institute of Medical Sciences was established in New Delhi as an autonomous statutory body under the All India Institute of Medical Sciences Act, 1956 from the 15th November, 1956.

The Under-graduate course leading to the degree of M.B.B.S. was started in 1956 with 50 students. So far, 221 students have been admitted to this course two of whom, however, left the Institute. Of the remaining 219 under-graduate students, 45 are women and 30 including seven women belong to Backward Classes. There are six foreign students (3 from Nepal, one from Fiji and 2 from Malaya) studying in this Institute under the Colombo Plan.

A two years' course in post-graduate training [M.Ch (Ortho)] in Orthopaedic Surgery was started in 1956 with two students. One student was admitted to this course in 1957, one in 1958 and two in 1959. In the final examination held in April 1958, two students appeared and one was declared successful.

In the basic subjects of Anatomy, Bacteriology, Pathology, Physiology and Pharmacology, 22 employees of the Institute registered themselves in 1957 for Post-graduate studies leading to the M.Sc. degree. Out of them two in Physiology and one in Anatomy were declared successful in the examination held in April, 1959. Out of the remaining candidates, 11 will appear in the final examination to be held in April 1960. Forty five students were admitted to the various Post-graduate courses in July, 1959 for M.Sc., Ph.D., M.S. and M.D. degrees. Out of these, 24 are staff members.

Pending construction of the hospital to be attached to the Institute, a temporary 100 bed hospital with O.P.D. facilities was started in the Nurses' Home building of the Institute from the 30th December, 1958. Another 100 beds have since been added to this hospital. Sanction has also been accorded to raising the strength of this hospital by another 150 beds from April 1960. The total number of outdoor and indoor patients treated at the Hospital during the year 1959 was 45,086 and 2,504 respectively.

In addition to the beds available in the temporary hospital, 84 (42 Surgical and 42 Medical) in the Safdarjang Hospital, New Delhi have been at the disposal of the Institute for the clinical teaching of students.

The entire site of 150 acres of land of the Institute has been developed. The construction of 856 quarters for the staff, 9 Hostel Blocks, the Nurses Home and Nurses College buildings has been completed. The construction of the Pre-clinical Block is nearly complete and the North, South and Cross Wings of this building have already been partly occupied by the Institute. The construction of the Teaching Block is in progress and meanwhile the teaching work is done in the Pre-clinical Block.

The expenditure on development of land, construction of buildings and Architect's fees amounted to Rs. 305.44 lakhs upto the end of November, 1959.

The strength of the teaching staff appointed upto the end of November 1959 is 82.

In addition to the assistance of £ 1 million originally given, the Government of New Zealand have given a further cash grant of £ 1,00,000 under the Colombo Plan towards the establishment of the Institute. The Rockefeller Foundation also has given a grant of \$ 2,00,000 for the purchase of scientific equipment and books.

The teaching staff have undertaken research and studies in several important fields. Some of the more important subjects in which researches were undertaken are given in Annexure A.

The Institute has a Library with 5377 books, 352 journals and 4581 pamphlets and monographs.

Four meetings of the Institute were held in 1959, in January, February, August and October. The Governing Body of the Institute met five times.

#### Programme for 1960-61

It is proposed to admit 50 students to the 1st year class of the M.B.,B.S. course in August, 1960 on the result of an entrance examination, as well as medical graduates for Post-graduate training in the various Post Graduate Courses of the Institute. The construction of the Institute's hospital for 250 beds is proposed to be taken in hand during the year.

J. UPGRADING OF CERTAIN DEPARTMENTS OF MEDICAL COLLEGES AND RESEARCH INSTITUTIONS.

With a view to give post-graduate training to selected doctors to make them fit for teaching and research work, the scheme for the upgrading of certain departments in Medical Colleges and Research Institutions in the country was started in 1943.

The following Departments have so far been upgraded and facilities have been provided for training in the courses shown against each Institution:—

Name of Upgraded Department	Courses of Training
1. Institute of Obstetrics and Gynaecology, Government Hospital for women and Children, Madras	D.G.O. M. D. (Midwifery) M. S. (Gynaecology)
2. Institute of Venereology, Government General Hospital, Madras	D.V.
3. Institute of Anatomy, Stanley Medical College, Madras	M. Sc., & P.H.D. in Anatomy.
4. Barnard Institute of Radiology, Government General Hospital, Madras	D.R., C.R.A., & D.R.A.
5. Institute of Paediatrics, Madras Medical College, Madras	D.C.H.
6. Department of Pathology, Andhra Medical College, Visakhapatnam	M. D. in Pathology and Bacteriology.
7. Department of History of Medicine, Osmania Medical College, Hyderabad	Research Work.
8. Department of Plastic and Maxillofacial Medical College, Nagpur	Plastic and Maxillo-facial Surgery.
9. Ali India Institute of Mental Health, Bangalore	D.P.M., D.M.P., & D.P.N.
10. Indian Cancer Research Centre, Bombay	Research in Clinical work in Cancer.
11. Vallabhai Patel Chest Instt., Delhi	D.T.D. & Research in T.B.
12. Thoracic Surgery Unit, Christian Medical College, Vellore	Thoracic Surgery

A provision of Rs. 25·00 lakhs has been made in the Second Five Year Plan for the scheme out of which there is a provision of Rs. 6·0 lakhs available for the year 1959-60. This scheme also provides for the payment of stipends to the students admitted to the Upgraded Institutes approved by the Government of India at the rates of Rs. 150 or Rs. 250 per month according to the qualifications of the scholars and the subject of study.

The Government of India have also started post-graduate courses in Medicine, Pathology, Midwifery, Surgery, Anatomy, Physiology, Pharmacology and Bacteriology, Bio-Chemistry, Tuberculosis Diseases, Anaesthesia and Child Health in various Government Hospitals in New Delhi in consultation with the Delhi University.

The Government of India have recently constituted a Post-graduate Medical Education Assessment Committee with Dr. B. C. Roy, Chief Minister, West Bengal, as its Chairman to assess the existing facilities for post-graduate medical education in the country and to formulate recommendations for future plans of development of post-

graduate education in the country. The report of the Assessment Committee is awaited.

The number of candidates who were selected for training facilities offered in these Upgraded Departments during the year 1958-59 and 1959-60, is as follows:—

Courses	No. of candidates	
	1958-59	1959-60
I. D.G.O.	23	24
2. M. D. (Midwifery)	6	11
3. M. S. (Gynaecology)	2	2
4. D. V.	3	4
5. D.R.	6	5
6. Anatomy	2	4
7. D.C.H.	12	12
8. M. D. (Pathology and Bacteriology)	4	6
9. D. P. M.	12	12
10. D. M. P.	10	8
11. Cancer	2	1
12. D.T.D.	2	12
13. Research in T.B.	2	2
14. Thoracic Surgery	3	3
15. Plastic Surgery	..	1
16. M.D. (Medicine)	..	18
17. M.S. (Surgery)	..	14

#### 4. POST-GRADUATE TRAINING COURSES IN MEDICINE, SURGERY, MIDWIFERY, ETC. IN DELHI HOSPITALS.

The Government of India sanctioned in September, 1959 a scheme for the Post-graduate teaching in Medicine, Surgery, Pathology, Midwifery, Anatomy, Physiology, Pharmacology, and Bacteriology, Biochemistry, Tuberculosis Diseases, Anaesthesia and Child Health in Government Hospitals in Delhi, viz., the Irwin, the Willingdon and the Safdarjang Hospitals, and the Lady Hardinge Medical College Hospital, New Delhi. For these courses 55 stipends at the rate of Rs. 150 per month were sanctioned. 33 candidates have joined the training courses.

#### 5. MAULANA AZAD MEDICAL COLLEGE, NEW DELHI

The Maulana Azad Medical College, New Delhi, has been established to impart under-graduate medical education for the students of Delhi and other Union Territories. It has been started in the pre-

mises of the Irwin Hospital, New Delhi. The ultimate capacity of the College is 100 students. This year the number of admissions has been increased from 60 to 70. Some seats have been reserved at this college for students belonging to other Union Territories, Cultural Scholars, students from Jammu and Kashmir, etc. This year the 70 seats have been allotted as indicated below:—

(1) Students from Delhi . . . . .	55
(2) Students from Jammu and Kashmir . . . . .	6
(3) Cultural Scholars . . . . .	2
(4) Students from Himachal Pradesh . . . . .	2
(5) Students from Nepal selected under the Colombo Plan . . . . .	3
(6) Ward of a Central Government servant posted to an Indian Mission abroad . . . . .	1
(7) Student from Sikkim . . . . .	1
<b>TOTAL . . . . .</b>	<b>70</b>

#### 6. PONDICHERRY MEDICAL COLLEGE

The Government of India opened a Medical College in Pondicherry during 1956. Four batches of students have been admitted so far. The number of admissions during 1956 was 20, which was subsequently increased to 50 during 1957. The entire expenditure on the Pondicherry Medical College is borne by the Central Government.

This College is a unique institution in India. Instruction is imparted in the College in both the French and English languages. A certain percentage of teaching staff consists of persons drawn from French Medical Schools. Another special feature of this institution is that the students are required to attend hospital practice from the very beginning of their professional studies unlike in other medical colleges where students start hospital work only after the completion of the pre-clinical training.

164 Acres of land at Gorimedu, a suburban area, 4 miles from Pondicherry, was acquired at a cost of Rs. 97,453 for the construction of permanent buildings for the Pondicherry Medical College with the attached hospital, hostels and residential quarters for the teaching and administrative staff. The foundation stone of permanent buildings at Gorimedu was laid by His Excellency Count Stanislas Ostrolog, the French Ambassador in India, on the 14th March, 1959. Construction work by the Central Public Works Department is expected to commence shortly. Sanction has been accorded to the acquisition of an additional plot of 27 acres and 53 cents at a cost not exceeding

Rs. 14,800 around the area of the land already acquired at Gorimedu. Administrative approval and expenditure sanction have been accorded for the construction of the building for the College, staff quarters, hospital buildings, nurses quarters etc.

The College is provisionally affiliated to the University of Madras for the Pre-professional and First M.B.B.S. Course.

Fifty students were admitted for the Pre-Medical Course in the year 1959-60.

The present strength is as follows:—

Pre-Medical Class	.	.	49
First M.B.B.S. Junior	.	.	46
First M.B.B.S. Senior	.	.	52
S. cond M.B.B.S.	.	.	14

#### 7. Lady Hardinge Medical College and Hospital, New Delhi

The number of admissions to the Lady Hardinge Medical College to the session 1959-60 was 70.

39 students passed in the final M.B.B.S. Examination held during 1959, including the supplementary Examination.

Arrangements for post-graduate teaching continued at this institution and the number of successful candidates passed is shown below:—

##### Degrees

(i) Master of Surgery (M.S.)	.	.	1
(ii) Doctor of Medicine (M.D.) Obstetrics and Gynaecology	.	.	1
(iii) Doctor of Medicine (M.D.) Pathology	.	.	1
(iv) Master of Science (M.Sc.) Physiology	.	.	1

10 post-graduate fellowships have been awarded to candidates undergoing training in the following subjects:—

- (i) Pathology,
- (ii) Medicine,
- (iii) Obstetrics and Gynaecology.

The number of patients treated at the Lady Hardinge Medical College and Hospital during the year 1959 is shown below:—

(a) No. of in-patients	.	.	.	.	.	14,245
(b) No. of out-patients	.	.	.	.	.	1,50,954
(c) Maternity cases (In-Patients)	.	.	.	.	.	5,229
(d) No of babies born	.	.	.	.	.	5,229
(e) Domidiliary babies born	.	.	.	.	.	166
(f) Total No. of oper. twirs	.	.	.	.	.	
(i) Major	.	.	.	.	.	901
(ii) Minor	.	.	.	.	.	4,745

The facilities for the training of student nurses in the Hospital were continued. With a view to cope with the increased number of patients in the Hospital the nursing staff was further strengthened during the year.

The budget provision for the year 1959-60 for civil works is Rs. 6.4 lakhs. A provision of Rs. 30 lakhs was made in the budget of the Ministry for payment as grant-in-aid to the Institution during 1959-60.

During the year under review the following works have been completed or are nearing completion:—

- (a) Extension to the Anatomy Department.
- (b) Re-modelling of existing Out-Patients Department, Dispensary, New Labour Room and Wards etc.,
- (c) Construction of additional 42 beds in the Hospital by construction of a New Ward between the Surgical Wards and construction of 1st floor over the Ante-natal Ward in the Hospital.
- (d) Additional Nurses Hostel (2nd instalment).

#### **8. The Christian Medical College, Ludhiana**

In 1952, the Government of India decided to give financial assistance, spread over a period of 10 years, to the extent of Rs. 12.50 lakhs, to the Christian Medical College, Ludhiana, for upgrading the institution to the M.B.B.S. standard. The Government of India have so far paid grants-in-aid amounting to Rs. 11.25 lakhs to the institution. A provision of Rs. 1.25 lakhs exists in the budget estimate for 1959-60 for the payment of the final instalment of the grant-in-aid to the College.

#### **9. Establishment of Departments of Preventive and Social Medicine in Medical Colleges**

With a view to strengthen the Preventive and Social Medicine Departments in the Medical Colleges, the Government of India decided in 1954-55 to establish Departments of Social & Preventive Medicine in Medical Colleges in India. The following Medical Colleges have so far been approved for the establishment of the Department of Preventive and Social Medicine with Central assistance:

- (1) Medical College, Nagpur.
- (2) Medical College, Dibrugarh.
- (3) Medical College, Gwalior.

- (4) Medical College, Visakhapatnam.
- (5) Medical College, Trivandrum.
- (6) Medical College, Laheriasarai.
- (7) Medical College, Cuttack.
- (8) Medical College, Jaipur.
- (9) Medical College, Calcutta.
- (10) Medical College, Madras.
- (11) Medical College, Lucknow.
- (12) Medical College, Guntur.
- (13) Medical College, Amritsar.
- (14) Medical College, Patiala.
- (15) Medical College, Baroda.
- (16) Grant Medical College, Bombay.
- (17) B. J. Medical College, Poona.
- (18) B. J. Medical College, Ahmedabad.

This project is also being assisted by the World Health Organisation in developing such Departments by providing W.H.O. Professors to be assigned to the Medical Colleges approved by the Government of India. Except in the Medical College, Calcutta, the Departments in the other Medical Colleges shown in the list above have been established.

A provision of Rs. 25·00 lakhs has been made in the Second Five Year Plan for the scheme out of which there is a provision of Rs. 6·50 for the year 1959-60.

A provision of Rs. 20 lakhs has been made in the Second Five Year Plan for the establishment of Child Guidance Clinics and Psychiatric.

#### **10. Establishment in Teaching Hospitals of Child Guidance Clinics and Psychiatric Departments**

A provision of Rs. 2 lakhs has been made in the Second Five Year Plan for the establishment of Child Guidance Clinics and Psychiatric Departments. These clinics, it is visualised, will be attached to the out-patients departments of teaching hospitals. Provision has been made in the Scheme for such minimum additions and alterations to buildings as may be necessary and for the provision of equipment to meet the need of both clinics. The estimated expenditure on a Unit of these clinics is Rs. 20,000 non-recurring and

Rs. 47,000 recurring. The Central Government will give financial assistance to State Governments for the establishment of these clinics upto 75 per cent., of Non-recurring and 50 per cent. of Recurring expenditure. 20 Units of these clinics are proposed to be established during the Plan period.

The Government of India have so far sanctioned the establishment of eight units.

Andhra Pradesh .. . . . . . .	1 Unit in 1956-57
Madras .. . . . . . .	2 Units (1 unit in 1956-57 and 1 unit in 1957-58)
Punjab .. . . . . . .	1 unit (in 1957-58)
Uttar Pradesh .. . . . . . .	1 unit (in 1957-58)
Bombay .. . . . . . .	1 unit (in 1958-59)
Madhya Pradesh .. . . . . . .	1 unit (in 1958-59)
Bihar .. . . . . . .	1 unit (in 1959-60)

#### 11. College of Nursing, New Delhi

This college is run by the Central Government and is affiliated to the Delhi University. It was started in 1946 to provide a four-year course leading to the degree of B.Sc. (Hons.) in Nursing. The post-certificate courses previously given at the School of Nursing are now given at the College. The College at present provides training for the following courses:—

1. B.Sc. (Hons.) Delhi University.
2. Ward Sister Course.
3. Sister Tutor Course.
4. Nursing Admn. Course.
5. Midwife Tutor Course.

A course leading to Master in Nursing Degree of the Delhi University has been instituted at the College with effect from the 20th October, 1959. It is a two years course after B.Sc. (Hons.) Nursing Degree or B.Sc. Nursing with at least 60% marks in aggregate and 3 years experience. Six students have been admitted to this course during 1959 and another six students will be admitted during 1960.

During the year 1959, 20 students passed the final B.Sc. (Hons.) course examination; 32 students were admitted in the 1st Year (B.Sc.) (Hons.) 52 students qualified for the award of certificates in Post Certificate Course, 14 candidates were admitted to the Nursing Administration course, 26 to Sister Tutor's Course and 10 to Midwifery Course.

### PUBLIC HEALTH FIELD:

The rural Public Health Field at Chawla and E.M.N. Van provide clinical and P.H. Services to the villages around Chawla. The average attendance of patients per month is 20,178. In addition about 1,103 patients are given advice.

### CHILD GUIDANCE CLINIC:

836 cases have been registered so far for Guidance or help since the establishment of the Clinic.

### 12. The Establishment and Expansion of Dental Colleges

The following ceilings have been fixed in respect of financial assistance to be given by the Central Government to the State Governments under the Second Five Year Plan for the establishment of new Dental Colleges and for the expansion of existing ones:—

#### (i) Establishment of New Dental Colleges.

- (a) Non-Recurring expenditure..... Rs. 50,000 per admission.

Central assistance will not exceed 75% of this ceiling.

- (b) Recurring expenditure.....Rs. 8,000 per admission.

Central assistance will not exceed 50% of this amount.

#### (ii) Expansion of existing Dental Colleges.

- (a) Non-recurring expenditure.....Rs. 35,000 for each additional seat provided.

The Central Government will meet 75% of this expenditure.

- (b) Recurring expenditure.....Rs. 8,000 per additional seat.

Central assistance will not exceed 50% of this amount.

The Government of India have agreed to offer financial assistance according to the above pattern in respect of the establishment of the following Dental Colleges:—

1. Dental College, Trivandrum, attached to the Medical College, Trivandrum (30 seats).
2. Dental Wing attached to the Osmania Medical College and General Hospital, Hyderabad.
3. Centre for the training of dentists registered on Part 'B' of the State Dentists Register for transfer to Part 'A' thereof at the King George's Medical College, Lucknow.

The central financial assistance is also being given in respect of the expansion of the Dental Colleges mentioned below:—

1. Dental Wing of the Madras Medical College, Madras for increasing annual admissions from 20 to 30
2. Dental Wing of the King George's Medical College, Lucknow for increasing annual admissions from 20 to 40.
3. Dental College, Amritsar for increasing annual admissions from 14 to 30.
4. Sir C.E.M. Dental College, Bombay for increasing annual admissions from 40 to 100.
5. Calcutta Dental College, Calcutta for increasing annual admissions from 30 to 40.

The Central Government have also agreed to offer financial assistance in connection with the establishment of Post-graduate Courses in Dentistry in the following subjects at the Sir C.E.M. Dental College, Bombay and the Nair Hospital Dental College, Bombay.

- |   |   |
|---|---|
| (a) Sir C. E. M. Dental College, and Hospital, Bombay | (1) Orthodontia.<br>(2) Prosthetic Dentistry<br>(3) Periodontia                                       |
| (b) Nair Hospital Dental College, Bombay              | (1) Oral Surgery<br>(2) Pathology and Bacteriology<br>(3) Operative Dentistry<br>(4) Dental Radiology |

37 students were admitted during August, 1959, to the courses mentioned above. A stipend at the rate of Rs. 150 p.m. has also been sanctioned to each of the students admitted to the post-graduate courses.

The Government of India have agreed to the diversion of Central assistance of a sum of Rs. 2,94,890 (being 75% of a sum of Rs. 3,93,186 promised as grant towards non-recurring expenditure for the construction of buildings for the Nair Hospital Dental College, Bombay) due to the Nair Hospital Dental College, Bombay, for meeting the non-recurring expenditure for the establishment of Nagpur Dental College, during the rest of Second Plan period.

### **13. Admission of students belonging to Jammu and Kashmir to Medical Colleges and Dental Colleges in India**

Arrangements were continued during the academic year 1959-60, for the reservation of seats for the students belonging to Jammu and Kashmir in the medical and dental colleges in India. In all 32 seats

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in the regular M.B.B.S. course and 3 seats in the B.D.S. course were reserved for the nominees of the Government of Jammu and Kashmir in certain Medical Colleges in India.

#### **14. Admission of students belonging to Union Territories to Medical Colleges in India**

Arrangements were continued for the admission of students belonging to the Union Territories other than Delhi to Medical colleges during the academic year 1959-60. In all 40 seats were reserved in the regular M.B.B.S. course in certain medical colleges in India for such students and wards of Central Government servants serving in India Missions abroad. The seats were actually utilised as given below.

2 seats for wards of Central Government servants serving in Indian Missions abroad.

13 seats for students belonging to Himachal Pradesh.

7 seats for students belonging to Manipur.

3 seats for students belonging to Tripura.

2 seats for students belonging to Naga Hills Area.

2 seats for students belonging to Andaman and Nicobar Islands.

3 seats for students belonging to Sikkim.

1 seat for a student belonging to Malaya.

2 seats for students belonging to Nepal.

1 seat for a student belonging to Delhi.

4 seats released for students on the waiting of the college concerned for want of suitable candidates.

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40

#### **15. Full-time Teaching Units in the Medical Colleges**

The Government of India have decided to assist the State Governments in the establishment of full-time teaching units, both in the clinical and non-clinical Departments of the Medical Colleges under the control of the State Governments and those run by the statutory Universities. The scales of pay approved for the teachers of the various categories were those which were recommended by the Medical Education Conference held in New Delhi in March, 1958. The Central Government agreed to meet 100% of the extra recurring cost involved in implementing the scheme. Proposals were invited from the State Governments. The Governments of Orissa and Bombay have accepted the scheme as proposed by the Central Government.

**16. Lady Reading Health School and Ram Chand Lohia Infant Welfare Centre, Delhi.**

The school runs two courses for Health Visitors:--

1. Regular Health Visitors course of 18 months.
2. Integrated Health Visitors course of 2½ years.

In the regular Health Visitors' course, sixteen candidates were admitted during the year 1959-60, seven in the April and nine in the October sessions.

22 students who joined the Integrated Health Visitors' course in October, 1957 and 20 in April, 1958 session have completed their midwifery training of 1½ years duration and joined the health visitors' course of one year duration in April and October, 1959 respectively.

42 candidates have been admitted in the Integrated course during the year under review. Details are as follows:—

Sessions	St. Stephens Hospital	Lady Hardinge Hospital	Total
April '59	8	13	21
October '59 :	..	21	21
	8	34	42

62 candidates of regular and Integrated Course have qualified during the year 1959 bringing the total to 188 health visitors trained so far, against 300 proposed to be trained during the Second Plan Period.

The Ram Chand Lohia Infant Centre, Delhi has been well attended by the mothers and children of the locality.

**17. Training of Health Personnel for Community Development Programme.**

**(a) Health Visitors**

A centrally assisted scheme for the training of Health Visitors to staff Maternity and Child Welfare Programmes under the Community Projects was started in 1954-55 at eight Health Schools at Lucknow, Nagpur, Visakhapatnam, Madras, Amritsar, Hyderabad, Sirur and Calcutta and the Lady Reading Health School, Delhi. The

training courses are of two kinds, one of 1½ years duration for candidates who have necessary education of matriculation standard, and possess senior diploma in midwifery and the other an integrated Midwifery-cum-Health Visitors course of 2½ years duration for candidates recruited directly for training after completion of their school education, namely matriculation.

During the Second Five Year Plan period, it is proposed to train over 1260 Health Visitors with central assistance. For this purpose, the existing nine Schools have been expanded, and eight new schools established at Bareilly, Allahabad, Rajkot, Ranchi, Indore, Trivandrum, Srinagar and Bangalore. The School at Ranchi has since been amalgamated with the School at Patna.

Upto September, 1959 out of 1108 and 1172 candidates admitted respectively to the Health Visitors and integrated Midwifery-cum-Health Visitors course 926 and 401 candidates completed their training.

During 1959-60, a provision of Rs. 6,45,000 was made in the Budget Estimates for grants to State Governments on account of the Centre's share of expenditure on this training programme.

#### *(b) Midwives and Auxiliary Nurse-Midwives*

A Centrally assisted scheme was sanctioned in 1954-55 for training, at selected institutions in States, of midwives and Auxiliary Nurse-Midwives required for Community Development Projects. During the First Five Year Plan period the establishment of six centres for the training of Midwives and 39 centres for the training of Auxiliary Nurse-Midwives was approved by the Government of India.

During the Second Five Year Plan period, Central assistance has been continued for the training of 6,000 Auxiliary Nurse-Midwives by expanding training facilities in existing schools and/or by establishing new schools.

In the beginning of the year 1959 there were 107 institutions training Auxiliary Nurse-Midwives under the scheme. This number rose to 124 at the end of October 1959.

The total number of students admitted since the inception of the scheme was 3,524 of which 1,028 students have qualified upto the end of October, 1959.

During 1959-60, a provision of Rs. 12,00,000 has been made in the budget estimates for grants to the State Government on account of the Central Government's share of expenditure on this training programme. In addition, a provision of Rs. 7,00,000 has also been made for grants-in-aid to private institution for the implementation of the scheme.

*(c) Dais*

In addition to the above two schemes for training of health personnel for the Community Development Programme, the Government of India have sanctioned a Centrally assisted scheme under the Second Five Year Plan for the training of 36,000 'dais' at an estimated cost of Rs. 90 lakhs with a view to improving their standard of practice.

Under this scheme 150 units for the training of 'dais' were to be established in States, each unit covering a population of about 66,000. A total of approximately 60 'dais' were proposed to be trained in each unit in a year in two batches of 30 each. Thus one 'dai' for 1,000—1,500 population or one 'dai' for every 50 births was proposed.

With a view to attracting a larger number of dais for the training, the Government of India have sanctioned stipends at the enhanced rate of Rs. 30 p.m. with effect from the 1st December, 1959. In addition, the Government of India have also agreed to bear during the Second Five Year Plan period 50% of the cost of refills for the 'dais bags' at the rate of Re. 1 per midwifery case after the completion of their training in accordance with the scheme.

The training programme has been started in Andhra Pradesh, Bihar, Bombay, Madhya Pradesh, Madras, Mysore, Orissa, Punjab, Rajasthan, U. P., West Bengal, Andaman and Nicobar Islands, Himachal Pradesh, Laccadive, Minicoy and Amindive Islands, Manipur, Pondicherry and Tripura.

Upto the 30th September, 1959, 4472 'dais' have been trained and 1288 'dais' were under training.

During 1959-60, a sum of Rs. 7·74 lakhs has been allocated to various State Governments for the training of 'Dais'.

*(d) Reorientation Training Centre for the training of Public Health staff assigned to the Community Development Projects.*

Three Reorientation Training Centres were established in 1953-54, one each at Poonamallee (Madras), Najafgarh (Delhi) and Singur (West Bengal) with financial assistance from the Ford Foundation.

These centres provide orientation training in public health and practical field work to the health personnel working in the Community Project areas. The Ford Foundation's assistance ceased with effect from the 15th February 1958. The entire expenditure on the Reorientation Training Centres at Najafgarh and Singur and 50% of the recurring expenditure on the Centre at Poonamallee is now being met by the Government of India. The remaining expenditure on the Centre at Poonamallee is provided by the Government of Madras.

Up to the end of November 1959, 2004 health personnel of various categories were trained at these centres.

In 1956, three R.A.C. centres were also established with financial assistance from the Ford Foundation in association with the existing Reorientation Training Centres at Poonamallee, Najafgarh and Singur, for carrying out research and improvement in environmental sanitation in villages. The entire expenditure in respect of the R.A.C. Centres will be borne by the Ford Foundation who were offered a total grant of \$ 553,000 for the running of these Centres upto the end of September 1960.

#### **18. Short-term Refresher Course for Nurses**

The following four short-term refresher courses for Nurses were held during the year 1959-60.

- (i) Short-term refresher courses in Paediatric Nursing of two months duration for 21 Nurses at the Government General Hospital, Madras, with assistance from the UNICEF from the 1st September to 30th October, 1959.
- (ii) Short-term refresher course of 8 weeks duration for 20 Sister Tutors at the King George Hospital, Visakhapatnam with W.H.O. assistance from the 26th October to 19th December, 1959.
- (iii) Short-term refresher course of 4 weeks duration for 20 Nursing Superintendents with W.H.O. assistance at the Government General Hospital, Madras, from the 18th January to 13th February, 1960.
- (iv) Short-term refresher course in Paediatric Nursing of two months duration for 20 Nurses with assistance from the UNICEF at the M.Y. Hospital, Indore, from the 1st February, 1960.

Similar courses will be held during the year 1960-61 with W.H.O./UNICEF assistance for which a Budget provision of Rs. 22,000 has

been made to meet the Government of India's share of expenses for the courses.

*Training of Nurses in foreign countries.*—During the year 1959, 15 students were assisted in securing admissions to nursing courses in the UNITED KINGDOM.

#### **19. Tuberculosis Demonstration and Training Centres**

The six T.B. Demonstration and Training Centres established at New Delhi, Patna, Trivandrum, Madras, Nagpur and Hyderabad with the assistance of the W.H.O. UNICEF continued to function during the year. X-Ray and laboratory equipment at a cost of Rs 2 lakhs have been supplied for a centre to be established at Patiala. During 1960-61, 4 Centres are expected to be established at Bangalore, Calcutta, Ahmedabad and Agra. The Centre at Bangalore will work in association with the National T.B. Institute. Buildings are ready for the Calcutta and Ahmedabad Centres while those for Agra are under construction. X-Ray and laboratory equipment for these Centres will be supplied by the UNICEF.

#### **20. Training of Laboratory Assistants**

The Government of India have decided to give financial assistance to the State Governments for the training of Laboratory Assistants. So far the Government of India have accorded approval for giving financial assistance to the following institutions for the establishment of training centres for Laboratory Assistants:—

- (1) Public Health Institute, Patna.
- (2) King Institute, Guindy.
- (3) Lucknow Medical College, Lucknow.
- (4) School of Tropical Medicine and Sukhlal Karnani Memorial Hospital, Calcutta.
- (5) Medical College, Trivandrum.
- (6) Medical College, Amritsar.
- (7) Vallabhbhai Patel Chest Institute, Delhi.
- (8) Public Health Institute and the Victoria Hospital, Bangalore.
- (9) Grant Medical College, Bombay.
- (10) B. J. Medical College, Poona.
- (11) Medical College, Nagpur.
- (12) M. P. Shah Medical College, Jamnagar.
- (13) One centre in Jammu and Kashmir.

The pattern of financial assistance by the Central Government is as follows:—

1. Non-recurring expenditure (for building and equipments) 100%.
2. Recurring expenditure.—On a sliding scale of 80%, 70%, 50%, 30% and 20% of the expenditure each year.

During 1957-58 a grant of Rs. 17,360 was sanctioned to the Government of Bihar for the training centre established at the Public Health Institute, Patna. During 1958-59 a grant of Rs. 20,000 was sanctioned to the Vallabhbhai Patel Chest Institute, Delhi.

During the same year Centre assistance was released under the revised procedure adopted by the Ministry of Finance and sanctions were issued to the various State Governments for groups of schemes.

#### **21. Training of Radiographers**

With a view to meeting the shortage of Radiographers in the country and also to prevent the diversion of a good number of doctors into work that could be done equally well by non-medical men, the Government of India have decided to establish 10 training centres during the Second Five Year Plan period for the trainees or Radiographers. One centre will be started in each of the States of Rajasthan, Bombay, Andhra Pradesh, Mysore, Kerala, Orissa, Madhya Pradesh, Madras and Punjab and the Union Territory of Delhi.

The entire expenditure on the scheme will be borne by the Central Government. The State Governments concerned are to select the location of the training centre which will be in association with a hospital. The candidates selected will be paid a stipend of Rs. 60 per month each. The training centres, it is expected, will start functioning during 1960-61.

#### **22. The Physiotherapy School and Centre at the K. E. M. Hospital, Bombay.**

The Physiotherapy School and Centre which was established in 1952 at the K. E. M. Hospital, Bombay, in collaboration with the World Health Organisation continued to function as an All-India Training Centre for Physiotherapists. The recurring cost of the Centre is shared equally between the Government of India, the Government of Bombay and the Bombay Municipal Corporation. During 1959-60 fifteen new students were admitted for training and 13 students graduated from the School.

### **23 Training of Refractionists & Opticians**

It has been decided to give financial assistance to the State Governments for the training of Refractionists and Opticians. Under this scheme it was proposed to establish six training centres. The Government of India have agreed to give financial assistance to the following institutions for the purpose:—

- (1) Gandhi Eye Hospital, Aligarh.
- (2) Government Ophthalmic Hospital, Madras.
- (3) Sarojini Devi Hospital, Hyderabad.
- (4) Government Ophthalmic Hospital, Trivandrum
- (5) Eye Hospital, Sitapur
- (6) Minto Ophthalmic Hospital, Bangalore.

The pattern of Central assistance is 75% non-recurring and 50% recurring, the estimated expenditure on each training centre being Rs. 1 lakh (building and equipment) and Rs. 16,200 (staff and contingencies) per annum. During 1957-58 grants of Rs. 75,500/- and Rs. 76,220/- were paid to the Governments of Andhra Pradesh and U.P. respectively for the training centres established at the Sarojini Devi Hospital, Hyderabad and the Gandhi Eye Hospital, Aligarh.

During the years 1958-59 and 1959-60 Central assistance was released under the revised procedure adopted by the Ministry of Finance and sanctions were issued group-wise.

### **24. Training of Auxiliary Health Workers**

A scheme for the training of Auxiliary Health Workers has been included in the Second Five Year Plan. The training centres are to be opened under the State Governments with assistance from the Central Government. The Government of India are giving financial assistance to the following institutions for training Auxiliary Health Workers:—

- (1) Public Health Institute, Patna.
- (2) Medical College, Visakhapatnam.
- (3) Sawai Man Singh Medical College, Jaipur.

All the three centres have been established.

The pattern of financial assistance by the Central Government is as follows:-

		100 per cent of initial expenditure on equipment	Central Government	State Government
1.	<i>Non-recurring expenditure</i>			
2.	<i>Recurring expenditure</i>			
	1st six months . . . . .	100·00%		Nil
	Next twelve months . . . . .	66·66%	33·33%	
	Next twelve months . . . . .	50·00%	50·00%	
	Next six months . . . . .	33·33%	66·66%	

During 1957-58 a grant of Rs. 15,181 was sanctioned to the Government of Bihar for the training centre established at the Public Health Institute, Patna. During 1958-59 a grant of Rs. 4,811/- was sanctioned to the Government of Andhra Pradesh and a grant of Rs. 34,944·47 (arrears for the year 1956-57) was sanctioned to the Government of Bihar.

During the year 1958-59 Central assistance was released under the revised procedure adopted by the Ministry of Finance and sanctions were issued to the various State Governments for groups of Schemes.

#### 25. Contributions/Grants for running Training Centres for the Integrated Course of Nursing and Public Health.

For this Scheme a provision of Rs. 11·70 lakhs has been made in the Second Five Year Plan. This scheme envisages the introduction in 10 Training Centres during the Second Plan Period of Public Health Course. This was introduced in nine Training Centres in 1957-58 and in the tenth centre in 1958-59. Later on it was decided, with effect from the financial year 1959-60, to offer financial assistance to the State Governments and private institutions for the establishment of 10 additional training centres for this purpose. The establishment of 9 Training Centres has already been sanctioned. Out of these five are already functioning and four are in the process of being started. It has also been decided to establish five Training Schools for the training of Nurses in different States with effect from the year 1960-61. The entire expenditure on the proposed 5 schools during 1960-61 will be borne by the Government of India. Thereafter the expenditure on them will be met by the respective State Governments.

#### 26. Establishment of Paediatric Centres

A sum of Rs. 35 lakhs has been provided in the Second Five Year Plan of this Ministry to assist the medical colleges to improve

paediatric training so that the medical personnel can, during the training, receive adequate instructions in paediatrics, and are better equipped to play their role in Child Health Services. A circular letter was sent to the State Governments in September, 1956 inviting proposals for Central assistance for the establishment of such centres. Establishment of paediatric centres in the following States has been sanctioned so far:—

1. Andhra Pradesh . . . . .	Two Centres
2. Kerala . . . . .	Two Centres
3. Bombay . . . . .	One Centre

Central assistance to these States is on the following pattern:—

(i) Non-Recurring	75 per cent
(ii) Recurring	50 per cent during the entire 5 years plan period

This will be on a tapering basis, viz., 80%, 70%, 50%, 30% and 20% in the 1st, 2nd, 3rd, 4th & 5th year respectively.

The Central contribution will be subject to a ceiling to be decided after considering proposals from State Governments.

The Government of Assam have also applied for assistance from the Central Government under this Scheme. The Central assistance will be limited to the extent that funds are or will be available during 1959-60 and 1960-61.

A proposal for establishment of a Paediatric centre at the Sarojini Naidoo Medical College, Agra, in collaboration with the U.N.I.C.E.F. and W.H.O. is also under consideration.

## 27. Admission to Medical Colleges under the Government of India Cultural Scholarship Scheme.

In collaboration with the Ministries of Education and External Affairs and State Governments arrangements were continued during 1959-60 for the admission of students under the Government of India's Cultural Scholarship Scheme to various Medical Colleges in the country. Under the Scheme the admission of students of Indian origin domiciled abroad was also arranged. In all 58 students were admitted during the year, of whom 26 were Cultural Scholars and 32 were students of Indian origin domiciled abroad and foreign private students. The Cultural Scholars get stipends from the Ministry of Education and the private students bear their own expenses while they study in India.

## 28. Fellowships and Study Tours Abroad

A number of foreign Governments and international agencies offer facilities for training abroad in Medical and allied subjects to Indian nationals under their technical aid schemes, which are as follows:—

- (i) The programme of technical assistance of the United Nations Organisation and its specialised agencies, namely W.H.O., U.N.T.A.A. etc.;
- (ii) The Technical Assistance Scheme of the Government of U.S.A. popularly known as Point Four Programme;
- (iii) The technical co-operation scheme under the Colombo Plan; and
- (iv) The technical assistance offered in the shape of scholarships and fellowships by private international organisations i.e. Rockefeller Foundation, Nuffield Foundation etc.

Training facilities available under the above schemes are utilised for training in subjects for which facilities are not available in India, or of which the standard of training is higher in the donor countries. The requests for training facilities are related to the specific projects in operation and are made in respect of those persons only in whose case it is considered that the acquisition of the expert knowledge in the specialised fields would help them on their return to India in the efficient implementation and completion of the new projects or the projects already undertaken. The State Governments etc. are asked to recommend the names of suitable personnel employed under them or under other bodies, semi-government institutions or non-government voluntary organisations within their jurisdiction, provided that (i) they consider the training of the recommended candidates essential keeping in view their requirements for trained personnel for their various schemes and (ii) guarantee that the services of the candidates will be suitably utilised on their return from abroad. Selections are made, thereafter, by the Central Selection Committee which draws a panel of the selected candidates for the award of the fellowships. The award of fellowships is restricted to the candidates included in the panel.

The number of candidates who proceeded abroad on fellowships during 1959 and the subjects of training under the Colombo Plan.

Point Four Programme and the World Health Organisation are given below - -

Scheme	No. of candidate awarded fellowships	Subject	Countries
Colombo Plan	21	Biochemistry of Nervous, and Mental Disease, Neurology, and Electro-Encephalography; Cardiology; Nursing Administration; Obstetrics and Gynaecology, Psychotherapy, Dermatology, Dentistry, Laboratory, Analysis, Obstetrical Endocrinology; Anaesthesia, Immunology, Rural Health.	Canada, U.K. and Australia.
W.H.O.	22	Domiciliary and Midwifery Training, Industrial Hygiene, T. B., Leprosy, Control Preventive and Social Medicine, Medical Entomology, Bacteriology, Paediatrics, Sanitary Engineering, Trachoma Control, Public Health Nursing Administration, Insecticidal Resistance, Epidemiology and Preventive Medicine, Technique of age determination and enophelinc longevity.	U.K., Egypt, U.S.A., U.S.S.R.
T.C.M.	25	Neuro-Physiology, Pathology, Water Supply and Sanitation, Pharmacology, Physiology, Anatomy, Preventive Medicine, Bacteriology, Ophthalmology, Surgery, Medicine, Nursing Administration, Malaria Eradication, Public Health Engineering.	U.S.A.
U.N.T.A.A.	2	Physical Rehabilitation Methods in Physical and Occupational Therapy.	U.S.A., U.K., Canada.

#### 29. Foreign Scholars/Fellows in India

A number of countries are sending their candidates for higher training in medical and allied subjects to India. In spite of the fact that we are ourselves short of trained medical personnel, facilities for these foreigners are being provided with a view to promoting international amity, co-operation and cultural exchange and to provide the badly required technical assistance to the under-developed

countries in order to help them attain higher medical standards. These candidates are coming under the following schemes:—

- (i) Programme for technical assistance by the United Nations Organization and its specialised agencies namely the W.H.O., U.N.T.A.A. etc.
- (ii) Technical Co-operation Scheme under the Colombo Plan.
- (iii) Technical Assistance under the Point Four Programme under their third country programme.

Besides, there are also other foreign students who are studying in India privately or otherwise, not falling under the above schemes.

A statement giving the number of foreign scholars fellows who have come to India for training and study purposes during the period from 1st December, 1958 to 30th December, 1959 is given below —

Name of the Scheme	No. of fellows Scholars	Country	Subject of training
W.H.O.	66	Burma, Indonesia, Taiwan (Formosa), Thailand, Maldives Islands, Nepal, U.A.R., U. S. A., Uganda, New Guinea, Tanganyika, Afghanistan, New Zealand, Philippines, Iran, Nigeria, Ceylon, Liberia, Austria, Yugoslavia, Sudan, Japan and Korea.	Radio-diagnosis, Biochemistry, Malaria, Laboratory Techniques, Mental Health, Psychiatric Nursing, Prevalence Survey Techniques, Public Health, Port Health and Quarantine, T. B. Chemotherapy, Malaria Eradication, V. D. Control, Medical Education, Trachoma Control, Midwifery, General Nursing, Epidemiology, D. M. C. W. COURSE, Health Education, Filariasis Control, Small Pox Vaccine Lymph manufacture, General Laboratory Techniques, Health Statistics, T.B. Control, Certificate Course in Public Health Nursing, Rural Health, Environmental Sanitation, Infectious Diseases.
U.N.T.T.A.	8	Philippines, Afghanistan, Thailand, Japan, Korea, Iran, Ceylon.	Demography.
T.C.M. Third Country Programme	6	Thailand, Indonesia.	Rural Sanitation, Clinical Pathology.
Colombo Plan	51	Nepal, Burma, Thailand, Indonesia, Sarawak, Malaya.	M. B. B. S. Ayurvedicharya, B. D. S. Occupational Therapy, General Nursing, Nutrition, Medical Jurisprudence, Bacteriology, Mycology, Pathology, Public Health, Parasitology, Epidemiology and Biostatistics, Master of Engineering (Public Health).

### 30 Health Projects, Najafgarh

The following projects situated in the Najafgarh Thana Area were taken over by the Central Government from the Delhi Administration with effect from the 1st December, 1957:

1. Health Unit, Najafgarh
2. Primary Health Centre, Najafgarh.
3. Reorientation Training Centre, Najafgarh.
4. Primary Health Centre, Palam.
5. Primary Health Centre, Ujwa.

In order to improve the quality of the health services rendered to the area and to meet the requirements of the various medical and public health institutions in Delhi, such as the Lady Hardinge Medical College, the Lady Reading Health School and the College of Nursing, for a rural practice field, the above-mentioned health projects at Najafgarh are proposed to be reorganised into a Rural Health Training Centre. With the coming into being of the Rural Health Training Centre, the functions of the existing Reorientation Training Centre, Najafgarh, will also be performed by the former.

### 31. Supply of equipment to Medical Colleges and Research and other Institutions

The Scheme "Supply of equipment to Medical Colleges and Research and other Institutions" is a purely Central Scheme included in the Second Five Year Plan of the Ministry of Health. The aim of this scheme is to give assistance and provide facilities to the Medical Colleges and Research and other Institutions in getting suitable equipment required to carry out essential research work etc., through the T.C.M. During 1957-58 equipment worth Rs. 11,91,030.14 and cash grants amounting to Rs. 6,71,876.00 were paid to the various institutions in India. During 1958-59 cash grants amounting to Rs. 8,34,836.00 were paid to the various institutions. During the same year equipment worth Rs. 6,95,773.17 was supplied to the following institutions:—

	Amount Rs.
1. Malaria Institute of India, Delhi . . . . .	550.04
2. Patel Chest Institute, Delhi . . . . .	75,036.31
3. Lady Hardinge Medical College, New Delhi . . . . .	1,23,865.74
4. Safdarjang Hospital, New Delhi . . . . .	30,105.02
5. Medical Colleges at Ludhiana & Amritsar . . . . .	12,044.04
6. Medical College, Nagpur and Sir. C. E. M. Dental College, Bombay . . . . .	32,931.09

	<i>Amount Rs.</i>
7. Assam Medical College, Dibrugarh	14,736·64
8. K. G. Medical College, Lucknow	1,65,520·41
9. Central Drugs Laboratory, Calcutta	9,533·11
10. Christian Medical College, Vellore	677·62
11. Medical College, Mysore	48,529·81
12. Sawai Man Singh Medical College, Jaipur	1,10,102·65
13. M.G.M. Medical College, Indore	72,149·69
	6,95,773·17

During 1959-60, the following institutions received assistance from the T.C.M. The value of the equipment received is shown against the institutions concerned:—

	<i>Amount Rs.</i>
1. Assam Medical College, Dibrugarh	7,798·48
2. Medical College, Mysore	1,17,026·40
3. M. G. M. Medical College, Indore	1,47,240·12
4. Medical College, Trivandrum	94,160·00
	3,66,225·00

## CHAPTER IV

### MEDICAL RESEARCH

#### 1 Indian Council of Medical Research

The progress or development in the field of medical research since Independence has been striking. As usual the Council has maintained steady progress during 1959-60 towards the fulfilment of its objectives. In formulation of programmes of research in many urgent problems in the fields of medicine and public health, attention has specifically been paid by the Council to dovetailing its activities with the programmes of the Ministry of Health. An essential feature of the activities of the I.C.M.R. in this regard has been the initiation of a comprehensive programme of research in communicable diseases, particularly tuberculosis, trachoma, leprosy, cholera and virus diseases.

The Council received a grant of Rs. 60 lakhs for research during the year under report. 205 research schemes were financed from these funds in various medical institutions in addition to the projects in the fields of tuberculosis, trachoma and family planning.

Some important work in selected fields will now be highlighted

A survey of tuberculosis has been under way for some time. The results of this survey, which was carried out to ascertain the extent of the incidence of tuberculosis in the country, both in urban and rural areas, have been published. It would appear that the prevalence of the disease is in the neighbourhood of 2% in most areas and that there is little difference in its prevalence in urban and rural areas. The work at the Tuberculosis Chemotherapy Centre in Madras has progressed satisfactorily. As is known, the main object of the programme is to develop a satisfactory domiciliary treatment regime for the treatment of tuberculosis in the community. The preliminary results have been encouraging. It has been found, for example, that the patients treated at home do as well as those treated in sanatoria, even though the conditions for domiciliary treatment may not be optimum. The incidence of the disease among the contacts of cases treated at home is being studied with a view to evolving suitable measures to prevent such infection. Many interesting observations have been made regarding the bacteriology of this disease and an important finding has been that the organism prevalent in the country does not show uniform virulence as is noted in other parts of the world.

In the field of leprosy, the studies conducted during the year have again brought into prominence the importance of treating children with minimal doses of sulphones in order to prevent occurrence of infection among them. This, indeed, is a very significant finding which, if confirmed by further observations, will pave the way for the initiation of a programme for control of the disease.

In nutritional problems, attention has been paid to the study of nutritional diseases and disorders. Lathyrism has been investigated in considerable detail and indications are that the manganese content of the 'khesari dhal' might be responsible for this condition. However, further research is needed in order to finally confirm or disprove this hypothesis. Surveys on protein malnutrition are under way and a large amount of data have been collected which await analysis. Studies on growth and development of Indian children have progressed and shortly there would be enough data to help in fixing norms for Indian children.

In Environmental Sanitation, the question of pollution of rivers by industrial wastes has been investigated and, in the near future, adequate methods for the disposal of industrial wastes, particularly those from sugar industry, will be available.

In regard to virus diseases, attention has been focussed on the elucidation of the etiological agent responsible for epidemic encephalitis in children. A number of viruses have been isolated and it would appear that in any one area multiple virus agents are responsible for the condition. The work on Kyasanur Forest Virus Disease in Mysore State has been continued, particularly to ascertain the role played by mammals, wild birds, rodents and cattle in the maintenance of infection in nature. During the year, attempts were made to immunise the population with vaccine prepared from a related strain of the virus. A preliminary analysis of the data obtained has shown that this vaccine does not possess adequate immunising properties. It will be necessary, therefore, to prepare a vaccine from the strain actually present in the region.

In addition to the progress made in the fields mentioned above, basic and fundamental research has been carried out and many problems in physiology, pathology, bacteriology and clinical medicine have been investigated in different medical colleges in the country.

The Council has continued its efforts in the training of research workers. This has been done in two days. A number of Fellowships have been awarded in connection with research schemes under way in medical institutions. In addition, the programme of training

of junior members of the staff of medical colleges has been continued. Over 35 new Fellowships have been awarded during the year.

#### *Programme for 1960-61*

A tentative programme for medical research in the Third Five Year Plan period has been drawn up.

In this programme, research on communicable diseases will be initiated, particularly in the fields of tuberculosis, cholera, leprosy, infantile diarrhoeas, etc. It is proposed to establish a permanent centre for cholera research in order to investigate the outstanding problems relating to that disease.

In the field of viral diseases, work on those transmitted by insects will be continued, and active steps will be taken to produce a suitable vaccine against the Kyasanur Forest Disease prevalent in Mysore State. Work on Japanese B Encephalitis will be continued, as there is great probability of this disease assuming public health importance in the future, especially when irrigation projects, where the transmitting mosquito breeds, get under way. Special attention will be paid to the virus responsible for epidemic encephalitis in children and to other entero virus infections.

In leprosy, the outstanding problem is that of prevention of infection in children in early years of life, especially in those who are exposed to infection from an open case in the family. Recent studies have indicated the beneficial role of BCG vaccination and early chemotherapy in the prevention of childhood leprosy. Concentrated efforts to assess the value of these measures will be made.

In the field of tuberculosis, attempts to evolve a methodology for the development of a suitable national control programme will be continued on the lines currently being pursued.

The Council has a comprehensive programme for the investigation of cardio-vascular diseases and determined efforts will be made to elucidate the factors in their causation and to assess the importance of diet in this regard.

In the field of dental health, the main problem is the prevalence of periodontal disease in the community. Suitable methods for correctly diagnosing this condition have already been evolved and it is proposed now to study the factor or factors responsible for this condition.

In environmental sanitation, the work already in progress in dealing with industrial wastes will be continued.

In regard to trachoma, the work of the pilot project initiated four years ago to work out the methodology for its control will be completed by the middle of this year. A trachoma map of India showing the prevalence of the disease in different States is also nearing completion. It has now been decided to undertake pilot control project in a few States in order to apply the knowledge already gained. This will lead to the initiation of a national trachoma control programme. In addition, it is proposed to establish a centre for research in trachoma and other communicable eye diseases in one of the institutions in the country.

Investigation on indigenous drugs will be continued with increased tempo on the lines already adopted.

It is proposed to conduct morbidity surveys in different parts of the country in order to obtain information regarding the quantum of sickness in the community. This is essential preliminary to the successful and efficient planning of health services for the people.

The Council's attempt to foster medical research in medical colleges will be continued. A proposal has been made that the Council should establish research cells in the medical colleges in order to provide further stimulus to research in them and in order that the post-graduate students working in such institutions may get adequate facilities for conducting their research for higher degrees.

It is also proposed to establish a Registry of Pathology in order to collect and collate information relating to human diseases prevalent in the country and prepare suitable material for efficient teaching of pathology in different medical institutions.

## 2. Research in Tuberculosis

### T.B. Field Research Programme

The T. B. Field Research Programme at Madanapalle conducted under the auspices of the I.C.M.R. since 1950 continued to be in operation during 1959. Since the beginning of 1959, the scope of this project has been expanded to include an investigation into the mass application of domiciliary drug treatment in 12 selected towns with a total population of 1,20,000 within a radius of about 100 miles from Madanapalle. During the year a follow up of the studies already undertaken in and around the Madanapalle town also continued. A preliminary survey in some of the areas included in the expanded programme was carried out.

### **3. Establishment of Cancer Research Centres**

The problem of Cancer is of such vast proportion that it requires all round approach to tackle the various problems connected with this disease. With a view to expanding the facilities for post-graduate teaching and research in Cancer and allied subjects a provision of Rs. 35 lakhs was made in the Second Five Year Plan. It was proposed to establish four full-fledged research centres to carry on research on cancer on the lines of the Indian Cancer Research Centre, Bombay. However, due shortage of qualified personnel to run the research centres it was decided to postpone the establishment of research centres. Under this scheme the Government of India took over, with effect from 1-4-57 the Chittaranjan National Cancer Research Centre, Calcutta, the entire expenditure on which is being met out of the plan provision of Rs. 35 lakhs. Grants amount to Rs. 2,50,000 and Rs. 85,000 were sanctioned to the Cancer Institute, Madras, during the years 1957-58 and 1958-59, respectively. A grant of Rs. 1,00,000 was also given to the Government of Kerala during 1958-59 for the expansion of Cancer Block attached to the Medical College Hospital, Trivandrum. During the year 1959-60 a budget provision of Rs. 8 lakhs has been made under this Scheme. Grants have been sanctioned to the following Institutes as indicated against each:—

	Rs.
(1) Cancer Institute, Kanpur	2,00,000
(2) Kamla Nehru Hospital, Allahabad	1,00,000
(3) Cancer Institute, Adyar, Madras	2,00,000
(4) Chittaranjan Cancer Hospital, Calcutta	1,50,000
(5) Expansion of the Cancer Block of the Medical College Hospital, Trivandrum	1,00,000

### **4. Indian Cancer Research Centre, Bombay**

The Indian Cancer Research Centre, Bombay was established in December, 1952 with a view to providing post-graduate teaching and research in Cancer and allied subjects. The centre is being managed by a Governing Body consisting of representatives of the Central Government and the Sir Dorbji Tata Trust.

During the year under report there is a budget provision of Rs. 8,00,000 for giving grants-in-aid to the Indian Cancer Research Centre, Bombay. Upto the end of December, 1959 grants amounting to Rs. 4,07,250 have been given to the Centre.

### **5. Chittaranjan National Cancer Research Centre, Calcutta**

With a view to expanding the facilities for post-graduate teaching and research in Cancer and allied subjects the Government of India took over the Research Section of the Chittaranjan Cancer Hospital, Calcutta, from the Trustees of the Deshbandhu Memorial Trust, with effect from 1-4-57. It is known as the Chittaranjan National Cancer Research Centre. The Centre functions in collaboration with the Trustees of the Deshbandhu Memorial Trust and the authorities of the Chittaranjan Cancer Hospital. The Centre provides facilities for research on cancer problems and offers facilities to post-graduate students for research and training including training in Atomic Energy for medical purposes, biophysics, biochemistry, genetics and allied subjects with special reference to cancer problems. The management and administration of the Centre is vested in a Governing body consisting of the representatives of the Government of India and the Trustees of the Deshbandhu Memorial Trust and a representative of the Government of West Bengal.

During the year under report there is a budget provision of Rs. 2.29,000 for giving grants-in-aid to the Chittaranjan National Cancer Research Centre, Calcutta. Upto the end of December, 1959 first instalment of recurring grant-in-aid of Rs. 1,50,000 has been given to this Centre.

### **6. Virus Research Centre, Poona**

The Virus Research Centre, Poona, was established by the Indian Council of Medical Research in 1952 with the cooperation of the Rockefeller Foundation. Since its inception, the Centre has been engaged in the study of virus problems in the country. It has also developed usefully as a keeper of viruses for reference purposes and of important serum collections required for investigation of virus problems in India. Emphasis has been placed on developing laboratory facilities to support an increasing number of field investigations. The Centre has, in addition, a policy of training personnel for laboratory and field activities so as to enlarge the cadre of specially trained technical and professional personnel for investigation of virus diseases in India.

During the current year the Centre has been principally concerned with the continuation of its investigations on Kyasanur Forest Disease in collaboration with officials of the Public Health Department and Department of Medical Services of Mysore State. Field studies with RSSE vaccine were carried out to see if the vaccine was

effective in preventing or modifying illness. The illness in the vaccinated population did not appear to be less severe. It has been decided to produce the vaccine at the Haffkine Institute, Bombay. The Birla Charitable Foundations has donated the additional equipment required for the present work was continued in studying the effects of the virus in animals in the laboratory.

The Centre took possession of a new three storied building in July, 1959, in order to increase its activities.

#### **7. Training and Research in Medical Statistics**

A scheme for Training and Research in Medical Statistics has been included in the Second Five Year Plan at a cost of Rs. 10 lakhs. Under the Scheme it is proposed to train 50 Statisticians during the plan period.

The training part of the scheme is being implemented by the Director All India Institute of Hygiene and Public Health, Calcutta, with the collaboration of the Indian Statistical Institute. The details of the training have been worked out and the training of the first batch of five Statisticians nominated by the different State Governments started in the first week of December, 1958. Six more candidates have since joined this course of training making a total of 11. The course will last for 2 years.

To improve hospital statistics the Government of India have suggested the establishment of Medical Record Departments in at least every teaching hospital in each State. The Government of India have also decided to establish a similar Department in the Safdarjang Hospital which will serve as a training-cum-Demonstration Centre for imparting training to the Medical Record Officers from the State Governments. The Government of India will bear the cost of training including T.A. and stipend to the trainees while the cost of establishment of Medical Record Departments will be borne by the State Governments themselves. The Medical Record Unit at Safdarjang is likely to be established before the end of the financial year. The question of training of Medical Record Officers also at the Christian Medical College, Vellore, is under consideration.

#### **8. Shifting of the Nutrition Research Laboratories from Coonoor to Hyderabad**

On the completion of the building of the Nutrition Research Laboratories in the Campus of the Osmania University, the Laboratories were shifted to Hyderabad in January, 1959.

### 9. Development of Public Health Laboratory Services

A Scheme for the development of Public Health Laboratory Services was included in the Second Five Year Plan for:—

- (a) the establishment and maintenance of a well-equipped and adequately staffed principal public health laboratory at each State headquarters, and
- (b) the creation of secondary regional laboratories at other centres throughout each State.

The laboratories will carry out:

- (i) examination of bacteriological, serological and clinical material received from hospitals, dispensaries, health units or any other health organisation;
- (ii) examination of food samples under the Prevention of Food Adulteration Act, 1954;
- (iii) Chemical and bacteriological examination of samples of water; and
- (iv) training of technical personnel of different categories.

2. The position in regard to the establishment of Public Health Laboratories in the States is as follows:—

Sr. No.	Name of the State	Progress as reported by the State Govt.
1	Andhra Pradesh	1 Principal and 7 Regional laboratories have been established.
2	Assam	1 Principal laboratory has been established 2 Regional laboratories are likely to be established. Sites selected and construction of building expected to start during 1959-60.
3	Bihar	1 Principal and 6 Regional laboratories have been established. 9 District Health laboratories are likely to be started during 1959-60.
4	Bombay	1 Principal laboratory has been established. 2 Regional laboratories are likely to be established during 1959-60 and 1960-61.
5	Himachal Prade.sh	1 Principal and 12 Regional laboratories have been established.
6	Jammu & Kashmr	7 Regional laboratories have been established.

Sr. No.	Name of the State	Progress as reported by the State Govt.
7	Kerala	2 Regional laboratories are likely to be established during 1959-60 and 1960-61.
8	Machya Praash	2 Regional laboratories have been established. 5 Regional and 11 District laboratories are likely to be established during 1959-60 and 1960-61.
9	Madras	1 Principal and 6 Regional laboratories have been established. 4 Regional laboratories are likely to be established during 1959-60 and 1960-61.
10	Mysore	1 Principal and 5 Regional laboratories have been established. 3 Regional laboratories are likely to be established during 1959-60 and 1960-61.
11	Orissa	1 Principal and 1 Regional laboratories have been established at Cuttack and Billa. In addition 2 Regional laboratories are likely to be started during 1959-60.
12	Punjab	1 Regional laboratory is likely to be established during 1960-61.
13	Rajast'han	10 Regional laboratories have been established.
14	Uttar Pradeshi	7 Regional laboratories have been established. 3 Regional laboratories are likely to be established during 1960-61.
15	West Bengal	1 Principal laboratory is being established during 1959-60 and 10 Regional laboratories are likely to be established during 1959-60 and 1960-61.
16	Tripura	1 Principal laboratory and 2 Regional laboratories are likely to be established during 1959-60.

A sum of Rs. 6·95 lakhs has been allocated during 1959-60 to the State Governments as Central Government's share of expenditure towards the implementation of this Scheme.

#### 10. B.C.G. Assessment Scheme

Since August, 1955, an assessment team under the I.C.M.R. has been retesting persons vaccinated in the mass B.C.G. Campaign to find out whether the desired degree of allergy indicating protection against tuberculosis has been produced. The team continued the following work during the year.

(a) Thirty-two groups of school children were retested. Restesting was also done in general population groups in selected villages with a view to get information on the post vaccination allergy. This work will be continued during 1960-61.

(b) A special study of infectious prevalence by tuberculin testing of children of the age group upto 4 years in blocks selected at random in Bangalore City and 100 villages in Bangalore District was started. The study is being continued.

(c) The investigations on the status of allergy in relation to interval between vaccination and retesting variation due to batches of vaccine and local conditions, which were started in 1957, were continued during the year.

(d) A tuberculin survey in three islands in Lakshadweep groups was carried out. High prevalence of non-specific sensitivity in the islands was noticed.

(e) A special study in 20 schools in two towns of Rajasthan was undertaken to compare the study of allergy in 'negative' vaccinated and 'negative' unvaccinated groups. The study will be continued for about three years.

(f) A special study was undertaken in a group of school children of 5 to 16 years to study the possible allergy boosting effect of repeated tuberculin test. The work done so far has shown slight changes in the allergy pattern of the groups examined.

#### 11. National Tuberculosis Survey

The National Tuberculosis Sample Survey which was started under the auspices of the Indian Council of Medical Research in 1955 was completed in May, 1958. The final report of the Survey has been published by the I.C.M.R. in 1959. The report covers the survey of cities, towns and accessible villages selected on sample basis. The salient findings of the survey are as follows:—

- (1) Prevalence rate for 'active' and 'probably active' tuberculosis varied from 13 to 25 per 1000 population in cities, towns and villages in different zones.
- (2) The rate of bacteriologically positive cases for 1000 population in these areas varied from 2 to 8.
- (3) Prevalence rates in cities, towns and villages were generally of the same order.

- (i) Prevalence rates were lower for female than for males specially in age groups above 35 years.
- (5) In general, the prevalence rate showed continuous increase with age.
- (6) In the cities the higher prevalence among persons living in Kutcha houses as compared to those in pucca houses indicated the possible effect of economic and sanitary conditions.
- (7) A large majority of the 'active' and 'probably active' cases had moderately advanced disease.
- (8) Definite cavitation was observed in 4 to 33 per cent. of 'active' and 'probably active' cases, this percentage being generally smaller in the cities.
- (9) The survey provides evidence that the total number of pulmonary tuberculosis cases in the country is likely to be in the neighbourhood of about 5 million of whom about 1.5 million are expected to be infectious cases which would be spreading infection to other persons.

The survey of inaccessible villages was planned to be conducted in two zones (i) Madanapalle Zone and (ii) Delhi Zone. The survey in the Madanapalle Zone has been completed and survey in the Delhi Zone is expected to be completed before the end of current year.

#### **12. Tuberculosis Chemotherapy Project Madras**

The Tuberculosis Chemotherapy Project which was started at Madras in the T.B. Demonstration and Training Centre in May, 1956, by the I.C.M.R. in co-operation with WHO/BMRC and the Government of Madras is progressing satisfactorily. The object of the Project is to study the effect of modern anti-bacterial drugs in the treatment of tuberculosis patients in crowded areas while living in their homes.

During 1959-60 the study on the comparison of home and hospital treatment over a period 12 months was completed and a report on the findings has been published in the WHO Bulletin. This report indicates that under certain conditions (e.g. close and intense supervision) the home treatment of tuberculosis patients with modern antibiotics is as good as hospital treatment. This study is being followed up.

### 13 Urban Health Centre, Chetla, Calcutta

The Centre continued to provide to the Institute a special demonstration area for research in public health problems, field training to different categories of students of the Institute and improved health services to the local people.

The various clinics at the Urban Health Centre were well attended. 27,958 home visits were made and 18,093 clinics held for the M.C.H. work. 8197 clinic samples were examined at the Public Health Laboratory.

A study has been undertaken to find out the efficacy of concentrated-curative and preventive measures in the control of tuberculosis. Base line survey was carried out to assess the general health status of the workers employed in the small scale industries. A social survey of the home conditions of 500 workmen residing in busties in Chetla area as also a social and anthropological survey of slum population in Chetla area was carried out. The survey on Diet, Nutrition among the surrounding population has started.

A number of students participated in teaching, demonstration and training programme conducted on preventive paediatric and other aspects of MCH programmes. The Centre participated in teaching, training and demonstration programme on school health services for undergraduate students of the National Medical College, Calcutta.

The households of the area were visited every fortnight by teams of students of D.P.H., L.P.H., D.M. & C.W., M.E(PH) and CPHN courses of the Institute.

A number of minor works under environmental sanitation programme such as latrines, pucca, drains, sewer connections, drainage schemes etc. are proposed to be undertaken during 1960-61. Investigations will be made to find the effect of environmental sanitation on the incidence and prevalence of cholera, diarrhoea and dysentery, typhoid and worm infestation.

### 14. Prevention of Adulteration of Food stuffs

#### (i) Prevention of Food Adulteration Act, 1954 (37 of 1954):

The prevention of Food Adulteration Act, 1954 (37 of 1954) and the rules made thereunder are operative in the whole of India except the State of Jammu & Kashmir.

**(ii) Central Committee for Food Standards:**

The Central Committee for Food Standards is a statutory body constituted under the Prevention of Food Adulteration Act, 1954 to advise the Central Government and the State Governments on matters arising out of the administration of the Act, and the Rules made thereunder.

The 5th meeting of the Central Committee for Food Standards was held in April, 1959.

**(iii) Central Food Laboratory, Calcutta:**

The Central Food Laboratory is also a statutory institution set up under the Prevention of Food Adulteration Act, 1954.

Investigations are at present being carried out at the Laboratory for standardising the methods of detection and estimation of colouring matter and antioxidants in food.

**15. Model Vital & Health Statistics Unit, Nagpur**

The Model Vital and Health Statistical Project was located in the Health Department of the Nagpur Corporation in collaboration with the Nagpur Corporation, the Bombay State Government and the W.H.O. The Project consists of Model Statistical Unit of the Health Department and a Training-cum-Demonstration Centre for statistical staff working in the various health organisations in the States and Local Bodies. The cost of the Unit is being shared by the Government of India, Bombay State and the Nagpur Corporation, whereas the cost of the training programme is entirely the responsibility of the Government of India.

The training is open to nominees of the State Governments who are actually engaged in the compilation of statistics in the State Health Directorates or in the Health Departments of Local Bodies. Five general training courses have been completed since the inception of the training programme in 1957 and in all 36 candidates from different States have been trained.

A Demonstration Course for Health Officers from Municipalities has been sanctioned and it is likely to be started for a batch of four Health Officers before the end of the current financial year. The introduction of a course in Medical Coding is under consideration.

### Training & Research in Medical Statistics

A scheme for Training & Research in Medical statistics was included in the Second Five Year Plan at a cost of Rs. 10/- lakhs. The training part of the scheme is being implemented by the Director, All-India Institute of Hygiene and Public Health, Calcutta. The training of the first batch of five Statisticians nominated by the different State Governments was started in December, 1958 for period of two years.

To improve hospital statistics the Government of India has suggested to the State Governments the establishment of a Medical Record Deptt. in at least one teaching hospital in each major State. The Government of India has also decided to establish a similar Deptt. in the Safdarjang Hospital which will serve as a training-cum-Demonstration Centre for imparting training to the Medical Record Officers from the State Governments. The Govt. of India will bear the cost of training including T.A. and stipend etc. to the trainees. The Unit at Safdarjang is likely to be established before the end of the financial year. This programme is being financed from the funds for Research part of the scheme.

## CHAPTER V

### MEDICAL RELIEF

#### 1. Contributory Health Service Scheme

##### **Introduction**

The Contributory Health Service Scheme continued to make satisfactory progress in the fifth year of its life. A net work of 34 well equipped and full staffed dispensaries, opened under the Scheme, is spread all over Delhi/New Delhi. The fact that the provisions of the Scheme were also extended to provide medical facilities to the Members of Parliament is in some measure indicative of the popularity and successful working of the Scheme. In response to the very pressing demand for extension of the Scheme to additional groups of population it was decided to bring the Industrial and non-Industrial Civilian Defence Employees of the Ministry of Defence within the fold of the Scheme. The facilities available under the Scheme and the efficiency of services provided under it also showed marked improvement during the year under report.

##### **Implementation of the Expansion and Re-organisation programme**

The expansion and reorganisation programme of the Scheme for the year 1959-60 envisaged raising the overall number of static and mobile dispensaries to 40 and 4 respectively. With the opening of the following new dispensaries the total number of static dispensaries functioning under the C.H.S. Scheme has risen to thirty-four:—

1. President's Estate
2. Tilak Nagar
3. Daryaganj
4. Moti Bagh-II
5. Nauroji Nagar
6. Constitution House
7. South Avenue
8. North Avenue
9. Telegraph Lane

An additional mobile dispensary also started functioning during the year. It is hoped that by the end of the financial year 1959-60,

the programme for the year will be successfully completed. The following additional medical and ancillary staff has been sanctioned under the Scheme:—

*"Additional Staff"*

1. Staff Surgeons	.	.	.	.	.	.	2
2. Junior Staff Surgeons	.	.	.	.	.	.	2
3. Assistant Surgeon, Gr. I, (Male)	.	.	.	.	.	.	33
4. Assistant Surgeon, Gr. I, (Women)	.	.	.	.	.	.	11
5. Ancillary staff	.	.	.	.	.	.	154

The staff is being added as and when the new dispensaries are opened. The Specialists departments have also been strengthened by the filling in of the posts lying vacant and the creation of the posts of Psychiatrist and Dermatologist, for which there was no provision previously.

#### Review of Work During 1959

During the year under review, the number of patients treated at the various dispensaries was 40,14,527 against 37,14,981 for the previous year. The increase has been mainly due to the fact that with all round improvement in the services provided by the Scheme, larger number of people took advantage of the facilities provided under the Scheme. The increase in the population served by the C.H.S. Scheme, which rose from 4,04,800 to 4,50,000, during this period on account of the inclusion of Industrial and non-Industrial civilian employees of the Ministry of Defence and the M.Ps. also contributed towards increase in the number of patients who attended the C.H.S. Dispensaries. As already stated 9 Static and one mobile dispensaries have been added during the year. The following table will give an indication of the all round progress made by the Scheme since its inception:—

	1954	1955	1956	1957	1958	1959
1. No. of beneficiaries covered	2,23,000	2,73,000	3,20,123	4,04,800	4,04,800	4,50,000
2. No. of dispensaries (Static)	16	18	19	21	26	34
3. No. of dispensaries (Mobile)	.	3	3	3	3	4
4. Total Attendance	7,37,572	22,95,678	29,62,265	32,50,930	37,14,981	40,14,527
5. No. of Medical Officers (Specialists)	11	20	20	20	30	33

The figures of expenditure on the Scheme and the contributions realised during the last four years are given below:—

	1956-57	1957-58	1958-59	1959-60 (Estimated)
Expenditure . . . . .	35,44,967	40,74,466	50,20,853	72,61,500
Receipts . . . . .	20,90,119	23,46,444	25,93,000	31,54,000

### Health Check up Clinic

The proposal to set up a Clinic under the C.H.S. Scheme to provide facilities for Government servants to undergo a physical check up to detect at an early stage any abnormalities in the physical system with a view to applying the necessary correctives in good time was implemented during the year. The health check up clinic, which has been set up in the Central Secretariat Dispensary, was formally opened by Dr. Lakshman Swami Mudaliar, Vice-Chancellor, Madras University & Chairman of the Health Survey & Planning Committee. The response to the idea of the clinic has, from all categories of Government servants, been very enthusiastic and beyond the normal expectation. During the five months of its functioning 2416 applications for health check up were received out of which 598 persons have been examined and advised. In view of the large number of Government servants wishing to avail of the facilities provided by the Centre, it is proposed to strengthen the set up of the Centre by adding to it another team comprising of one Medical Officer and the necessary ancillary staff.

### Treatment of Chronic Cases

The Medical Officers under the C.H.S. Scheme have been asked to screen out chronic type of cases, not responding to ordinary treatment and refer them to the Junior Specialists who, after getting their detailed investigation done will, if necessary arrange for consultation with the Senior Specialists. Where considered necessary, the cases will be discussed by the Specialists at specially convened meetings. A report regarding the progress of such cases is required to be sent to the Directorate General of Health Services.

### Formation of Dentists & Opticians Panels

The supply of free artificial optical and dental aids is not provided under the C.H.S. Scheme. However, for the convenience of the C.H.S. beneficiaries a panel each of Opticians and Dentists has been approved by the Government for supplying frames and glasses and dentures to the C.H.S. patients at reasonable scheduled rates.

**Extension of the scheme to Industrial/Non-Industrial Employees of the Ministry of Defence—Members of the Parliament & Semi Government Bodies.**

Since its inception there has been a very pressing and incessant demand for the extension of the scope of the Scheme so as to include the staff of some Semi-Government Organisations and Statutory Bodies. The demand was, however, being resisted to ensure that the services provided under the Scheme were sufficiently well established and suitably augmented before any further pressure was placed on them. However on the very pressing request of the Ministry of Defence it was decided to extend the Scheme to the Industrial & Non-industrial civilian employees of the Defence Ministry with effect from 1-12-59. The total number of such Government servants is about 4500—5000.

The question of providing medical facilities to Members of the Parliament was under the active consideration of the Government for some time past. A number of proposals were being considered for the purpose. It was, however, finally decided that facilities as admissible to Class I officers under the C.H.S. Scheme should be made available to the M.P.s. who would be required to pay contribution @ Rs. 4/- p. m. The Scheme has been extended to the Members of Parliament with effect from 16-11-59. Three new dispensaries in North Avenue, South Avenue & Constitution House have been opened to cater mainly to the needs of the M.P.s. though Govt. servants living in these areas would also be entitled to receive treatment at these dispensaries.

It has also been decided to admit a number of Semi-Government Organisations and autonomous corporations having a limited strength of employees. Action is being taken in this regard.

**Accommodation for Dispensaries**

Securing suitable accommodation for the dispensaries has been one of the major hurdles in the way of opening new dispensaries. Lack of sufficient accommodation in some of the dispensaries is responsible for the difficulties experienced by the people in the general working of the dispensaries. Wherever possible steps have been taken to secure more spacious accommodation for the dispensaries. With the same end in view the dispensaries functioning in Willingdon & Safdarjang Hospitals were shifted to Gole Market area and Kidwai Nagar respectively. The accommodation thus released has been utilized to improve the working of the C.H.S. Specialists' Departments functioning in these hospitals.

C.H.S. Scheme having been placed on a permanent footing, steps have also been taken to construct buildings specially designed to suit the requirements of a dispensary. Chandni Chowk & Lajpat Nagar areas have been accorded priority for the construction of dispensary buildings. A provision of Rs. 4.5 lakhs has been made in the current years' Budget for the purpose. Similarly Moti Bagh is also one of the areas where the construction of a dispensary building is being considered on a priority basis.

#### **Changes in the Provisions of the C.H.S. Scheme**

i. So far the Scheme did not include any provision for treatment of mental cases. Under the revised orders of the Government of India, a period of six months has been allowed during which a Govt. servant can receive treatment at a recognised mental hospital nearest to the place where he falls ill. This period can be extended to a further period of six months if there are reasonable prospects of cure.

ii. The position with regard to the applicability of C.H.S. Scheme to Government servants and their families whose headquarters were outside Delhi/New Delhi, during their casual visit and temporary stay in Delhi was not quite clear and well defined. Though the position was sought to be regulated by *ad hoc* Government orders, some confusion and difficulties continued to exist. To clarify the position it has now been decided that Government servants whose headquarters are outside Delhi will, while visiting Delhi on leave or on duty, continue to be governed by medical attendance rules applicable at the place of their headquarters.

#### **New C.H.S. Identity Cards**

With a view to preventing the abuse of facilities of medical treatment available under the C.H.S. Scheme by misuse of Token Cards or impersonation, it was decided that new Identity cards should be introduced. The new Identity cards will be issued by the administrative offices of the Government servants concerned. The work is now in progress and the new Identity cards are scheduled to be brought into use in the first week of March, 1960.

#### **Medical Facilities for International Conferences Etc.**

The C.H.S. Scheme continued to extend co-operation and lend its services to other Ministries in providing medical facilities to the delegates to the various International Conferences/Seminars etc. held in the capital from time to time. This work, although outside the purview of the C.H.S. Scheme, is undertaken to meet the requests of the Ministries organising such conferences.

## **Working of the Family Planning Centres**

The nine family planning centres opened under the Scheme to propagate and popularise the idea of family planning among the Government servants and their families and to advise them on the suitable method of birth control showed improvement in their working during the year. A larger attendance at the clinics and keener response to the idea of family planning from the population served by the C.H.S Scheme was in evidence at these clinics. The subsidised sale of contraceptives at these centres also showed an upward trend. As in previous years. Children's Day was observed in some of the centres on 14th November 1959 with marked success when Health exhibitions Baby shows and other similar functions were organised. Family Planning Day was also celebrated on 18th December, 1959 to educate the public regarding the Family Planning Programme.

To create better understanding and win the confidence of the community, some social welfare activities like adult education and tailoring and knitting classes have been started in some of the centres in collaboration with the welfare organisation of the Ministry of Home Affairs.

The opening of an additional Family Planning Centre in Tilak Nagar area is also receiving active consideration.

## **Conclusion**

The working of the Scheme during 1959 can certainly be said to have furthered the objects for which the Scheme was introduced.

### **2. Willingdon Hospital and Nursing Home, New Delhi**

The Willingdon Hospital and Nursing Home, New Delhi, was taken over from the New Delhi Municipal Committee on the 1st January, 1954. The hospital has been expanded and the present bed strength is 240. It provides diagnostic and out-door and in-door facilities to members of the public and also to the beneficiaries of the Contributory Health Service Scheme for Central Government servants. It has also Radiological, Dental, Ophthalmological, Pathological, E.N.T., Maternity, Medical and Surgical Wards.

2. It has been decided to provide facilities in the above hospital for post-graduate Medical Training to students for the M.D. and M.S. courses of the University of Delhi.

3. There are at present 53 doctors as against 6 when the hospital was taken over in 1954. The number of out-door and in-door patients treated in the hospital during 1959 was 2,25,304 and 6,109 respectively.

4. A Nurses' Hostel has been completed and occupied. The construction programme for 1960-61 includes the following works:—

- (i) Air-conditioning of the wards on the 1st Floor of the West and North Wings in the New Extension.
- (ii) Construction of a New Out-patient Department on the Irwin Road.
- (iii) Construction of additional Wards.

### 3. Safdarjang Hospital, New Delhi

The Safdarjang Hospital, New Delhi, was taken over by the Central Government from the Delhi Administration, on the 1st March, 1954. The present bed strength of the hospital is 433 as against 179 when it was taken over. The daily average number of in-patients undergoing treatment in the hospital is about 500. The bed strength of the different Wards is as given below:—

Surgery . . . . .	.	100
E.N.T. . . . .	.	6
Eye . . . . .	.	6
Medical . . . . .	.	130
Gynaecological . . . . .	.	58
Orthopaedics . . . . .	.	60
Children . . . . .	.	54
Tetanus . . . . .	.	8
Burns . . . . .	.	11
<b>TOTAL</b>	.	<b>433</b>

The hospital has also Radiological, Dental, Ophthalmological, Thoracic Surgery, Pathological and Dermatology Departments.

The Nurses' Hostel, Phase I and II, has been completed and occupied. The Stores Block, a new block to house the Radio-therapy Department and about 108 patients and the expanded Paediatric Block of 200 beds have been completed. The Maternity and Gynaecological Block of 200 beds, the Cancer Block of 50 beds and a Central Supply Room are under construction.

During 1960-61 it is proposed to construct a Hostel for House Surgeons at an estimated cost of Rs. 8,29,520.

The present strength of doctors is 55 as against 15 when the hospital was taken over.

The total number of out-door and in-door patients treated at the hospital for the year 1959 was 3,27,567 and 14,931 respectively.

16 Post-graduate students for M.D. and M.S. Courses of the Delhi University are attached to this hospital.

#### 4. The Lala Ram Sarup Tuberculosis Hospital, Mehrauli (Delhi)

The Lala Ram Sarup T.B. Hospital, Mehrauli, has at present 38 beds out of which 54 beds are for the treatment of tuberculous children and 52 beds for the isolation of advanced T.B. Patients. The hospital is a compact unit consisting of an administrative block, X-Ray Department, properly equipped laboratory and operation theatre, lecture rooms, library, recreation hall and staff quarters. It has facilities for surgery, community service and for clinical and epidemiological research. The number of patients treated during the year 1959 in the hospital was 1,006. Out of these 673 were discharged. The number of operations done during the year was 820. The hospital maintains an out-patients' Department for the benefit of persons residing in Mehrauli and neighbouring villages. The daily average attendance was over 169 for 1959. Out of 14,100 new cases who attended this Department during the year 3,197 were found to be suffering from tuberculosis. The hospital is administered by the T.B. Association of India and the net expenditure incurred is met by the Government of India.

#### 5. Hospital For Mental Diseases, Ranchi

The management of this Hospital which prior to the 1st June, 1954 vested in a Board of Trustees consisting of representatives of the States of Bihar, West Bengal, Uttar Pradesh, Punjab and Madhya Pradesh, the Europeans Association and the Anglo-Indian and domiciled European Association (Bengal) was taken over under the direct control and management of the Central Government. This was done with a view to reorganise the hospital on sound lines and also to make it a model centre for the treatment of mental disorders. An Advisory Committee composed of representatives of the Central Government and contributing States has been constituted to advise the Government of India in the management of the hospital. The bed strength of the Hospital has been raised from 420 to 453. The bed strength is distributed as follows:—

West Bengal	.	.	.	.	.	255
Bihar	.	.	.	.	.	60
Uttar Pradesh	.	.	.	.	.	35
Madhya Pradesh	.	.	.	.	.	10
Delhi	.	.	.	.	.	10
Assam	.	.	.	.	.	6
Orissa	.	.	.	.	.	6
Punjab	.	.	.	.	.	1
Tripura	.	.	.	.	.	4
Other areas	.	.	.	.	.	3
Independent beds	.	.	.	.	.	6
<hr/>						
TOTAL						453
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The question of redistribution of beds amongst the various State Governments is under consideration of the Government of India in consultation with the State Governments.

Group Therapy Programmes has been expanded. At the moment there are as many as 4 psychotherapeutic groups which are being run for the benefit of the patients; one for Bengali speaking patients, two for Hindi speaking and one for English speaking patients.

The following clinical research projects have been launched:—

- (a) A psychodynamic study of paranoid schizophrenics in the hospital and comparison with the available data from literatures based on Western hospitals.
- (b) Clinical trials with various new drugs like Marsalid, Stemetil, etc.
- (c) Standardization of more psychological tests for Indian population by the Psychology Department.
- (d) Study of excretion of phosphates and creatinine in the urine of schizophrenics as compared with normals.
- (e) Continuation of the study of value of combining Insulin with EZ 55 in cases of Insuline resistance in the Coma clinics.

Many original articles were and are being published by the members of the staff of the Hospital. The staff continued to give training in Psychotherapy to the Junior Medical officers and also continued with case demonstrations and lectures for the Doctors and the Nursing Sisters. During the year the Out-patients Department functioned actively and from 1st April, 1959 upto date, 90 patients availed of the services of the Department. The construction of the Technical Block, 4 'F' type staff quarters, an extra clothing godown, one temporary cattle shed and the installation of Fire-fighting equipment have been completed. The construction of quarters for the Deputy Medical Superintendent and Pathologist has been started and these are expected to be completed within a few months. Construction of wells in the vegetable Gardens is in progress. The first phase of works in connection with Sewerage scheme has started. Minor works of various nature are also being taken up from time to time and completed. All Class IV Staff quarters have been electrified.

A charge of Rs. 2,033 per annum per bed is payable by the contributing States while for the other seats the charge per bed is Rs. 400, Rs. 320 and Rs. 200 per month for Class I, II and III patients respectively.

Number of patients admitted during the period from 1st April, 1959 to December, 1959 was 156. During the same period 139 patients were discharged 56 cured (including 6 on parole) 78 improved (including 10 on parole) and 5 unchanged.

### 6. Primary Health Centres

An important aspect of health activity directed towards improving the conditions of health in the rural areas and stressing the pre-eminence of the preventive approach is related to the programme of the Primary Health Centres. These Centres have been conceived as the focal points in the rural areas for providing preventive and curative health services in an integrated form to the rural population. A sum of Rs. 50 lakhs was provided in the revised First Five Year Plan of the Ministry for the grant of subsidies to States for establishing Primary Health Centres. Only 74 Primary Health Centres were established during the First Five Year Plan Period.

In the Second Five Year Plan a sum of Rs. 19 crores was provided for the establishment of 2,000 Primary Health Centres in N.E.S. Blocks in the various States. These Centres were to be in addition to about 1,000 such Centres which were to be opened during the Second Five Year Plan period in C.D. Blocks by the Ministry of Community Development and Cooperation. Each health centre is to have its headquarters in the Block area with an attached dispensary and a minimum of 6 beds to attend to maternity and other emergency cases and 3 sub-centres suitably located within the Block area to cater to an average population of 66,000. A team of health workers will cover the surrounding area in the Block looking after the needs of the area in both curative and preventive aspects. The main services to be provided to the Community by the health teams of these Centres are as follows:—

- (1) Medical care;
- (2) Maternal and Child health services including school health;
- (3) Health Education;
- (4) Control of communicable diseases;
- (5) Environmental sanitation with priority for provision of safe water supply and hygienic disposal of waste;
- (6) Improvement in the collection of vital statistics;
- (7) Family Planning;

In accordance with the information received from the various States, the number of Centres so far opened (including those opened

during the First Five Year Plan period) upto 31st March, 1959 and the number proposed to be opened during 1959-60 and 1960-61 are as follows:—

Sr. No.	Name of the State	No. of Primary Health Centres opened during the First Five Year Plan period and during the first 3 years of the 2nd Five Year Plan i.e. upto 31-3-1959			1959-60	1960-61
1	Andhra Pradesh	.	.	110	80	10
2	Assam	.	.	37	28	14
3	Bihar	.	.	166	34	46
4	Bombay	.	.	133	122	105
5	Kerala	.	.	73	5	8
6	Madhya Pradesh	.	.	112	97	34
7	Madras	.	.	111	20	20
8	Mysore	.	.	87	40	40
9	Orissa	.	.	61	6	30
10	Punjab	.	.	66	—	3
11	Uttar Pradesh	.	.	280	123	218
12	Rajasthan	.	.	47	16	26
13	West Bengal	.	.	96	32	41
(excluding 3c9 thana and Union Health Centres).						
14	Jammu and Kashmir	.	.	13	10	1
		1,399		691	612	

With effect from the 1st April, 1958 the pattern of central assistance for the establishment of Primary Health Centres was revised by pooling the resources of the Ministry of Health and the Ministry of Community Development and Cooperation. Under the revised arrangement, each Primary Health Centre is getting Central subsidy towards non-recurring expenditure upto a ceiling of Rs. 67,500/- made up of Rs. 60,000/- or 75% of the actual expenditure, whichever is less, on buildings (both for the Centre and residential quarters for the staff including suitable accommodation for a family planning clinic) and upto Rs. 7,500 for equipment, furniture, bedding and clothing. Towards recurring expenditure, the Ministry of Community Development and Cooperation are paying Rs. 2,000 per annum for each centre towards drugs and upto Rs. 6,500/- per annum towards expenditure on staff, the balance being payable by the State Governments concerned. The increased subsidy towards buildings for the Primary Health Centres is also admissible to the States retrospectively from the 1st April, 1956 for those centres which were opened in N.E.S. Blocks during the first two years of the Second Five Year Plan.

A provision of Rs. 150 lakhs was made in the Budget of the Ministry of Health for grant of subsidy to the State Governments during 1959-60.

Grants-in-aid were sanctioned as follows to the various States during the years 1955-56 to 1958-59.

For Centres opened during the 1st Five Year Plan period.

1955-56 Rs.	1956-57 Rs.	1957-58 Rs.
20,08,940	26,624	12,00,226
1957-58	1958-59	
62,76,850	253,16,355	

For Centres opened during the 2nd Five Year Plan period.

## 7. Medical Relief, Sanitation and Public Health in the Union Territories

Some of the important activities of the Union Territories in the sphere of Medical and Public Health are given below:—

### (a) Tripura

There were 4 hospitals and one Primary Health Centre with 219 beds, and 75 dispensaries in Tripura at the end of the first Five Year Plan period. With a view to further expansion of medical and public health facilities, various schemes were included in the Second Five Year Plan with a total provision of Rs. 75 lakhs. Certain schemes were later on modified and the revised ceiling now stands at Rs. 104·53 lakhs.

With the constitution of the Tripura Territorial Council, the following schemes were transferred to that Council in 1958:—

1. 20 bedded Sub-Divisional Hospitals.
2. Upgrading of existing 17 dispensaries into 6 bedded Primary Health Centres.
3. School Health Services.
4. Rural Water Supply.
5. Rural Sanitation.
6. National Malaria Eradication Programme.
7. B.C.G. Vaccination Programme.

The construction of a new 250 bedded full-fledged, modern and up-to-date hospital at an estimated expenditure of Rs. 38·52 lakhs in the suburb of Agartala town has been undertaken. A sum of Rs. 1·85 lakhs was spent during 1958-59 and it is proposed to spend Rs. 10 lakhs during 1959-60.

With the appointment of a Medical Officer (T.B.), a T.B. Clinic has been opened in the V.M. Hospital from the beginning of this year.

Activities of the Rehabilitation Department about the treatments of displaced T.B., Leprosy and Cancer patients have been transferred to the V.M. Hospital, Agartala from September, 1959.

The following personnel have been sent for medical education and training during this year:—

- 5 local boys for Regular M.B.B.S. Course.
- 3 local girls in integrated Health Visitors Course.
- 2 local boys in T.B. Health Visitors Course.
- 4. Junior Nurses for Senior Nursing Course.
- 1 C.A.S. Grade-II for training in Malariaiology.

The new Session of the Auxiliary Nurse-Mid-wifery class, which is being continued in the V.M. Hospital at Agartala, was started in October, 1959, with 30 local girls.

A new Session of the Dais Training class was started in May, 1959, with 13 local tribal girls who completed their course in November, 1959. The next Session started in January, 1960.

The Principal Laboratory at Agartala has been established during this year. It is expected that the Laboratory will have its full complement of staff by the end of the current financial year.

The Leprosy Clinic at V.M. Hospital, Agartala has been opened and is now rendering medical aid to the leprosy patients.

#### *Programme for 1960-61.*

1. Continuance of the construction work of 250 bedded Hospital with staff quarters at Kunjaban, Agartala.
2. Construction of 50 bedded T.B. Ward at Agartala.
3. Construction of Chest Clinic at Agartala.
4. Medical Education and Training of Medical and Public Health personnel.
5. Continuance of the Principal Laboratory at the V.M. Hospital, Agartala.
6. Continuance of the Leprosy Clinic at the V.M. Hospital, Agartala.

(b) *Himachal Pradesh*

Under the Second Five Year Plan, a sum of Rs. 79·65 lakhs has been allotted under the head 'Medical and Public Health' excluding water supply and sanitation programme. Besides the new schemes/institutions started during the first three years of the Second Five Year Plan, the following new units were to be started during the year 1959-60:—

1. Dental Clinic . . . . .	I
2. Installation of X-Ray Plant . . . . .	I
3. Opening of Ayurvedic Dispensaries . . . . .	8
4. Opening of Allopathic Dispensaries . . . . .	2
5. Opening of new M. & C.W. Centres . . . . .	3
6. Key village schemes . . . . .	10
7. Isolation bed for T.B. patients . . . . .	I (10 beds)
8. Integration of public Health with the basic course in Nursing . . . . .	I School

In addition to the above programme more indoor facilities and modern system of treatment etc. are also being afforded under the normal budget.

The annual Plan for the year 1960-61 involves an expenditure of Rs. 21·50 lakhs including provision for buildings. The following new units are proposed to be started during the year 1960-61 in addition to the continuing schemes started during the last four years of the Plan:—

1. Dental Clinics . . . . .	I
2. Allopathic dispensaries . . . . .	2
3. Isolation beds for TB. patients for Distt. Hospital, Bilaspur . . . . .	I (10 beds)
4. D.D.T. Squad . . . . .	I

A large number of various categories of technical personnel will be required for the implementation of the various schemes during the Third Five Year Plan. A scheme has been drawn up for awarding the following stipends to technical personnel:—

1. M.B.B.S. Courses . . . . .	10
2. Public Health Nursing course . . . . .	20
3. Lady Health Visitors Course . . . . .	10
4. General Nursing Course . . . . .	10
5. Sanitary Inspectors Course . . . . .	10
6. Radiographers Course . . . . .	10
7. Aux. Nurse Midwives Course . . . . .	10

The dearth of trained personnel such as doctors, health visitors, nurses, technicians etc. continued to exist. The position is, however, gradually improving. Every effort is being made to procure and

train those categories of personnel who are essential for the implementation of the various schemes. The Administration have also started training centres for Lady Health Visitors, General Nursing, Auxiliary Nurse-Midwives, etc. and propose to send more candidates for various kinds of training outside the Pradesh. Such categories are sanitary assistants, X-Ray Technicians etc.

During 1960-61, three candidates will be awarded stipends for M.B.B.S. course and 4 candidates for Ayurvedic course besides the stipends proposed above. In addition to this, some of the employees will be sent for specialised training in V.D., Leprosy, Malaria etc.

(c) *Laccadive, Minicoy and Aminidivi Islands.*

Leprosy is prevalent in Minicoy and Androth Islands. There are two leper colonies run by Government one each in these two islands. All expenses connected with the maintenance of these colonies are met by the Government including the cost of food, clothes, vessels, etc. Serious cases of leprosy are segregated to these colonies and treated separately with a view to arrest the spread of the disease. Minor cases are treated as out-patients in the island dispensaries. The medical officers in charge of the island dispensaries take special care of these infected patients. Since no survey to assess the incidence of leprosy on these islands has been made so far, it has been proposed to appoint a Special Leprosy Officer for assessing the extent to which leprosy is prevalent in these islands and to suggest ways and means for the control and eradication of the disease.

Filariasis is prevalent in all the islands. The endemicity of filariasis in nine out of ten islands has been determined. The following material and equipment are being procured for supply to the Laccadive, Minicoy and Aminidivi Islands under the National Filaria Control Programme:—

Microscope Compound	.	.	.	.	.	1
Microscope Dissecting	.	.	.	.	.	1
Stirrup Pumps	.	.	.	.	.	27
H. Compression Sprayers (for insecticidal sprayers).	.	.	.	.	.	13
H. Compression Sprayers (for larvical purposes)	.	.	.	.	.	20
Cycles and accessories	.	.	.	.	.	9

Three Health Inspectors are employed in connection with this Scheme. They have been supplied with the following materials:—

B.H.C.	.	.	.	.	.	2 tons
Dieldrin	.	.	.	.	.	2 tons
Hetrason tablets	.	.	.	.	.	1—4 lakhs (100 m.gr. each)

Sanction for appointing three more Health Inspectors has been accorded and the Madras Government have been requested to depute three Health Inspectors for service in this Union Territory as early as possible.

A B.C.G. technician undertook a preliminary tuberculin survey in some of the islands in January—March, 1959. A B.C.G. team will be deputed to the Islands.

Mass vaccination and inoculation will be undertaken by the Health Inspectors. Four Dais have been trained.

Two Maternity Centres—one at Kadamat and other at Chetlat—will be opened.

There are at present seven Government dispensaries in the islands—one in each of the seven major islands. It has been decided to convert the dispensary at Minicoy into a Hospital.

#### (d) Delhi

The Office of the Superintendent of medical Services, came into existence on the 1st June, 1958. The Superintendent, Medical Services, is assisted by an Administrative Medical Officer for the Employees' State Insurance Scheme, an Assistant Drugs Controller and four Drugs Inspectors for the implementation of the Drugs Act and the Drugs & Magic Remedies (Objectionable Advertisements) Act, 1954, and a Superintendent Nursing Homes for the implementation of the Delhi Nursing Homes Act, 1953. Under the Employees' State Insurance Scheme, the number of insured persons and their family members that have been benefited during this year has been in the neighbourhood of 70,000 and 2,00,000 respectively. Three new whole-time dispensaries were added bringing the total of insurance dispensaries to 12 whole-time and 8 part-time. 4,69,286 patients were treated and 7,154 domiciliary visits were paid by the doctors from April to October, 1959.

Under the Drugs and Magic Remedies (Objectionable Advertisements) Act, 1954, 11 prosecutions were launched and four cases only have so far been decided resulting in convictions and realization of fines amounting to Rs. 800/-. 10 old cases were also decided during this year and Rs. 2,500/- were collected as fines.

As provided under Section 19 of the Pharmacy Act, elections were held and the Delhi Pharmacy Council has been formed. The Council will start registration of Pharmacists.

### **Police Hospital**

Besides providing Medical facilities to police personnel, the Police Hospital has been entrusted with all work relating to medical-legal cases and the medical examination of opium addicts from this car. Cold Storage is also being provided in the Public Mortuary to prevent decomposition of dead bodies brought in for post-mortem examination.

### **Mental Hospital**

A Mental Hospital in Delhi is proposed to be established during the next financial year. At present about 70 incurable mental patients are held under restraint in the Central Jail, Delhi. Facilities for treatment in Jail are inadequate but till such time as the Mental Hospital in Delhi is set up, the Mental patients are being treated in a Mental Ward set up in the Central Jail Hospital.

### **Irwin Hospital**

The Irwin Hospital, New Delhi, which is under the administrative control of the Delhi Administration is under the charge of a Medical Superintendent who is also the Principal of the Maulana Azad Medical College, New Delhi. A new post of Additional Medical Superintendent has been created in the revised set up. The Hospital has a sanctioned bed strength of 1003 but actually there are 1100 inpatients on the average. The Out-patients Department of the Hospital which caters for nearly 2,000 patients per day has been functioning satisfactorily as a result of the re-organisation and further congestion will be removed as soon as the New Out-patients Department is ready. The construction work of the Out-patients Department is in progress and building is likely to be completed during the year 1960-61. A Maternity Ward of 137 beds started functioning from April, 1959.

The training of Laboratory Assistants has been started with effect from the 1st April, 1959 and at present 11 candidates are receiving training. Another batch of 13 candidates will be taken with effect from the 1st March, 1960. The training for Radiographers is also expected to start during 1960-61. 6 students for M.S. and 4 students for M.D. courses have been attached to the Medical and Surgical Departments of the Hospital.

The Advisory Committee of the Irwin Hospital met 3 times during the year 1959 and its deliberations were of immense use in the proper administration and co-ordination of the activities of the Hospital. A brochure giving details of the Hospital is available for distribution to the public on a nominal payment of 5 N.P.

## (e) Manipur

All the Hospitals and dispensaries in the rural areas have been transferred to the Territorial Council, Manipur, including the Public Health Section. The Hospitals and Dispensaries at Imphal and the Centrally sponsored schemes like Leprosy, B.C.G. programme, National Malaria Eradication Programme etc. are under the Manipur Administration. Dispensaries at Vangai, Sumtuk, Karong, Khamasom, Kangbaron, Kamson and Saiton were established in the year under review. There is a proposal for the establishment of three Primary Health Centres in rural areas.

Under the Tribal Welfare Scheme, medicines Worth Rs. 50,000 were distributed in tribal areas of Manipur Territory.

The position in the sphere of Public Health during 1959-60 is as under:—

1. The two Units of N.M.E.P. are functioning in the Territory. 2,74,678 houses were sprayed and covered about 8,638 sq. miles. A population of 5,77,635 is protected in hills and the plains during the year under report.
2. B.C.G. Programme has been continued. During the year under review 55,276 persons were tested against T.B. and 23,133 persons were immunised with B.C.G. vaccine.
3. Under the National Leprosy Control Scheme the progress has been maintained this year also and Centres have been opened and the staff strengthened. 3,23,500 persons were medically examined.
4. The School Health Programme has been continued and the health examination of pupil's arranged and sanitary measures as to the cleanliness of the school compound taken. Disinfection of drinking water was undertaken. 10,993 students were examined.
5. The T.B. Clinic attached to the Civil Hospital, Imphal has been continued.
6. The M.C.W. Centre at Imphal, Ukhrul, Churachandpur, Tamenglong and Kangpokpi continued to function. Progress has been maintained for the Family Planning Clinic at Imphal also.
7. Anti-epidemic measures were carried out against small-pox, cholera, influenza, whooping cough etc. There were no serious outbreaks of any diseases with deaths. 1,65,415 persons were inoculated against cholera and 45,107 persons were vaccinated against small-pox.

8. W.H.O. Day, Red Cross Day, Children's Day, B.C.G. Day were observed under the Health Publicity Programme. During these celebrations Health Charts were displayed, leaflets in local dialects were distributed with cinema shows etc. on health matters.

9. Training of Compounders and Dais was continued. Four doctors were also sent out for training in different subjects outside the Territory including one Tribal Lady Doctor.

#### **Programme for 1960-61.**

- (i) Improvement of the Civil Hospital, Imphal. The Hospital will consist of 250 beds in addition to the existing 100 beds. Some of the buildings will be two storeyed R.C. construction. The total cost of buildings will be about Rs. 18.30 lakhs and the cost of equipment about Rs. 2.70 lakhs.
- (ii) The present T.B. Hospital will be converted into a 100 bedded one with the improvement of construction of Hospital building and also laboratory building costing about Rs. 4.50 lakhs, and equipment about Rs. 1 lakh.
- (iii) The establishment of V.D. Clinic at the Civil Hospital, Imphal with proper staff and equipments are to be effected.
- (iv) With the recruitment of suitable staff more Family Planning Centres will be opened in rural areas at Churachandpur and Thoubal.
- (v) Eye Relief Camp will be continued in the year 1960-61 to meet local needs at different places.

#### **(f) Andaman and Nicobar Islands**

In the Andaman group of islands 5 hospitals (348 beds) and 22 dispensaries are functioning. Four new dispensaries each at Diglipur, Tarlat Bay, Blair Bay and Betapur No. 3 have been opened during this year. In Nicobar group of islands 2 hospitals (80 beds) and 6 dispensaries are functioning. One new dispensary at Pillomilo has been opened in October, 1959. A 20 bedded hospital at Rangat

was opened on the 13th January, 1959. The total number of patients treated during the period from the 1st April, 1959, to the 31st October, 1959, is as follows:—

	Admission (Indoor)	Daily average in-patients	Attendance Out-door	Daily average Out-patients
Urban	4,879	1,457	26,252	1,276
Rural	2,366	930	46,764	2,207
TOTAL	7,245	2,417	73,016	3,483

The floating dispensary m.v. INDAUS, which was under repair, left Port Blair for Nancowrie group of islands in the first week of November, 1959, for providing medical facilities in that area and for filaria work. The other Mobile Dispensary has carried out bi-weekly services in the outlying villages of South Andamans. Besides this, the activities relating to the maternity and child welfare work, supply of UNICEF milk, dental treatment, pathological examinations at the Civil Hospital, Port Blair, continued during the year 1959.

The incidence of T.B., dysentery, typhoid and influenza was low during 1959. Necessary arrangements for the isolation and treatment of leprosy cases have been made at Bambooflat Hospital. There has been no incidence of common infectious diseases in the islands during the year 1959, due to strict compliance of Indian Port Health Rules.

One Malaria-cum-Filaria Unit is functioning in these islands. Residual spraying of 8,479 houses have been carried out this year. The B.C.G. campaign was started in March, 1959, and so far 6,288 cases have been tuberculin tested and 3,622 of them were found negative. The programme for vaccination and inoculations carried out during the year is as follows:—

No. of cases vaccinated against small-pox	No. of cases inoculated against cholera	No. of T.A.B. inoculations
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### **Programme for 1960-61**

It is proposed to establish 5 new dispensaries. The construction work of the main hospital at Mayabunder will be taken up and one wing will be completed. The construction work of the Car Nicobar Hospital building will also be completed. The T.B. Hospital at Port Blair is likely to be established. The work of Dam Intact wall, Power House and surplus work which is in progress during 1959-60 will be completed as also store reservoir, C.W. reservoir and Fitters. Works on improvement of rural Water Supply in South Andaman will be taken up and 19 wells in various places of Middle Andaman are expected to be completed.

Seven more Dais are to complete their training course and will be posted to rural areas for maternity relief work. Eight Dais will continue to receive their training. About 3,500 school going children will be provided with UNICEF milk and nutritious snacks on every School day.

### **8. The Union Mission Sanatorium, Madanapalle**

The Government of India meets 50% of the recurring expenditure on the maintenance of the 76 bedded Children's Hospital and Thoracic Surgery centre at the UMT Sanatorium, Madanapalle as the Centre is engaged in training in tuberculosis of doctors and technicians, and in developing techniques for field studies on tuberculosis. Annually, about 8 to 12 doctors, 9 laboratory technicians and six nurses are trained. Grants amounting to Rs. 67,170/- have been sanctioned during 1959-60.

### **9. Establishment of Diet Kitchens**

With a view to stimulating interest amongst medical under-graduates in the subject of hospital dietetics and popularising diet therapy in the treatment of diseases like diabetes, gastric ulcer, colitis, kidney diseases, the Government of India sponsored a scheme for the establishment of diet kitchens in the hospital in the State in the First Five Year Plan. In view of the importance of diet therapy, the scheme is continued in the Second Five Year Plan with an allocation of Rs. 2 lakhs. Under this scheme, the Central Government will bear non-recurring expenditure upto Rs. 6,000/- for construction and equipment, and a recurring expenditure upto

Rs. 6,000/- per annum for a period of two years for each diet kitchen. During the current plan period, establishment of diet kitchens has been sanctioned at the following institutions:—

1. Seth Sukhlal Karnani Memorial Hospital, Calcutta.
2. Government General Hospital, Madras.
3. Government Stanley Hospital, Madras.
4. Erskine Hospital, Madurai.
5. Government General Hospital, Guntur.
6. Osmania General Hospital, Hyderabad.
7. Sarojini Naidu Hospital, Agra.
8. Medical College Hospital, Patna.
9. Hamidia Hospital, Bhopal.
10. Gandhi Memorial Hospital, Rewa.
11. J. J. Group of Hospitals, Bombay.
12. Rajindra Hospital, Patiala.

Diet Kitchens mentioned at Nos. 1—10 have started functioning.

#### **10. Establishment of T.B. isolation beds**

A scheme for the establishment of T.B. isolation beds mainly for the segregation of T.B. patients living in overcrowded homes in urban areas is included in the Second Five Year Plan, with an allocation of Rs. 51 lakhs. The Government of India subsidizes the State Governments for establishing such beds upto 50% of the non-recurring expenditure involved, limited to a maximum of Rs. 1,250/- per bed.

The establishment of 4,570 T.B. isolation beds has so far been approved. Out of this 2,710 beds have been/are being established. The State Governments have proposed to set up 1,895 T.B. isolation beds during 1960-61.

#### **11. Tuberculosis Clinics**

T.B. Clinics form the pivot of the tuberculosis control programme. They are primarily diagnostic, advisory and preventive units. Because of the shortage of beds, the Clinics undertake domiciliary treatment of T.B. patients. To serve this purpose effectively there should be a sufficient number of T.B. Clinics of a minimum standard. Accordingly a scheme to upgrade about 100 existing clinics and establish 200 new clinics in the States is included in the Second Five Year Plan, so that every District Headquarters town will have a clinic. The responsibility for upgrading the existing clinics and the establishment of new ones primarily rests with the State Governments but the Government of India provide each clinic, upgraded/established under the scheme, with X-Ray and laboratory equipment at a cost of approximately Rs. 50,000/-. Sixty sets of X-Ray and laboratory equipment have been supplied to 60 T.B.

Clinics in the various States, and so far, the equipment has been installed at 50 clinics. The upgrading/establishment of further 96 clinics has been approved. 20 sets of X-Ray and laboratory equipment are expected to be received from the UNICEF during 1960-61 and they will be supplied to such of the clinics as are ready with buildings and staff.

### **12. Aftercare and Rehabilitation Centre for Ex-T.B. patients**

The Aftercare and Rehabilitation Centres for T.B. patients are intended to provide training to T.B. patients in handicrafts such as tailoring, paper making, embroidery, soap making, basket making etc. which they can continue in their homes as a cottage industry. The scheme envisages payment of a stipend upto Rs. 40 p.m. to each trainee during the period of training and a Rehabilitation grant of Rs. 200 per trainee to enable him to start the trade after the training is over. The cost of each centre is estimated at Rs. 3 lakhs, non-recurring and Rs. 1 lakh recurring per annum.

The establishment of 10 centres at Delhi, Lucknow, Dhubulia (West Bengal), Amargadh (Bombay) Poona, Tambaram (Madras), Hyderabad, Bangalore Pedavegi (Andhra Pradesh) and Ranchi/Darbhanga has been approved. These centres are under construction.

### **13. Relief to indigent T.B. patients displaced from West Pakistan**

With a view to grant relief to indigent T.B. patients displaced from West Pakistan, a budget provision of Rs. 8.5 lakhs was made for the year 1959-60 for the purpose. As against 518 beds reserved during 1958-59, 523 beds have been reserved during the current year in the various T.B. Hospitals/Sanatoria as shown below:-

Name of Hospital/Sanatorium	No. of beds reserved
<i>Punjab</i>	
1. T.B. Hospital, Chetru	100
2. Gulab Devi T.B. Hospital, Jullundur	50
3. T.B. Hospital, Sangrur	50
4. Lady Irwin Sanatorium, Jalandhar	40
5. Lady Lillithgow Sanatorium, Kasauli	10
6. Christian General Hospital, Palwal	20
7. Bhumiadhar Annexeranatorium, Bhowali	23
<i>Bombay</i>	
8. Central Hospital, Ulhasnagar Township, Kalyan	50
9. T.B. Hospital, Aundh Camp (Poona)	60
10. T.B. Hospital, Bantwa	25
<i>Rajasthan</i>	
11. K.G.V. Sanatorium, Jaipur	15
12. T.B. Hospital, Durgapur	35
13. Madar Union Sanatorium, Madar, Ajmer	45

Cash grants are also given to indigent displaced T.B. patients in the following cases:—

- (a) Those who receive treatment as outdoor patients;
- (b) those who are kept on the waiting list until they are admitted to a T.B. Hospital/Sanatorium for regular treatment;
- (c) those who need financial assistance on any other special ground (i.e. travel expenses etc.);
- (d) those who are discharged from a T.B. Hospital/Sanatorium but need financial assistance for special diet, etc.

Depending on the merits of each case, the amount of cash assistance to such patients varies upto a maximum of Rs. 30/- per month subject to periodical scrutiny of medical reports. The cash assistance ceases as soon as the patient is admitted into a T.B. Hospital/Sanatorium and during the stay there.

The allocation of grants to the various States for the purpose of cash assistance during 1958-60 is as shown below:—

Name of States	Allocation
Punjab	10,000
Bombay	10,000
Rajasthan	20,000
Delhi	25,000
Gujarat & P.Radeh	5,000
	70,000

Medicines are also supplied by the Director General of Health Services to the various T.B. Clinics for supply to indigent T.B. patients free of cost.

#### 14. Establishment of Dental Clinics

In order to provide adequate dental care to a large section of the population at the hands of properly trained Dental Surgeons, a scheme for the establishment of 350 Dental Clinics in District Hospitals in the States has been included in the Second Five Year Plan. Under the scheme, financial assistance is payable to the extent of Rs. 15,000/- non-recurring for the purchase of equipment and Rs. 6,600/- per annum recurring per clinic during the Plan period.

The establishment of 107 dental clinics in the various States has been approved as shown below:-

S. No.	Name of the State	No. of Dental Clinics allo c e			
		1956-57	1957-58	1958-59	1959-60
1	Andhra P radeesh	.	3	4	5
2	Assam	.	2		
3	Bihar	.	2	2	1
4	Jammu & Kashmir	.		1	
5	Kerala	.	2	2	1
6	Madras	.	1		1
7	Madhya Pradesh	.	3	7	1
8	Madras	.	3	2	3
9	Orissa	.	1	4	..
10	Punjab	.	2	2	2
11	Rajasthan	.	..	4	4
12	Uttar Pradesh	.	2	2	2
13	West Bengal	.	4	2	5
		27	26	24	29

Out of the above, 58 dental Clinics have been established.

#### 15. Gandhi Eye Hospital, Aligarh and the Institute of Ophthalmology, Aligarh

A grant of Rs. 38,400/- was paid to the Gandhi Eye Hospital during 1959-60 for providing training facilities to the post-graduate students of the Institute of Ophthalmology, Aligarh. A grant of Rs. 7,500/- was also sanctioned to the Gandhi Eye Hospital during the current financial year for making additions to the Animal House for purposes of research on the grafting of dogs' Corneas into human eyes. In addition, a grant of Rs. 40,000/- was paid to the Muslim University, Aligarh to meet the expenditure on the Institute of Ophthalmology, Aligarh during 1959-60.

#### 16. Kalavati Saran Children's Hospital, New Delhi

The Kalavati Saran Children's Hospital which was established in 1956 and is managed by a Governing Body, handles cases of all branches of paediatrics and works in close association with the Lady Hardinge Medical College & Hospital, New Delhi.

The number of patients treated at the hospital during the year 1959 is shown below:-

(a) In-Patients . . . . .	1,694
(b) Out-patients . . . . .	52,240
(c) Physiotherapy treatment . . . . .	1,671

Facilities were continued for teaching of students of the Lady Hardinge Medical college and lectures and demonstrations in Paediatrics were also given to the student nurses of Lady Hardinge Hospital.

The Hospital has well equipped departments and lectures are also given to doctors in Physical Medicine and Physiotherapy by the team of Russian doctors, who are working in the Hospital.

The Indian Red Cross Society supplied to this hospital milk powder, antibiotics and multivitamin tablets. The Danish Red Cross, through the Indian Red Cross Society supplied Human Plasma and the American Red Cross supplied a further batch of Poliomyelitis vaccine for the use of 3,000 school children.

The well-baby clinic has been started in the institution, which is gaining popularity as the mothers are very keen to learn the proper methods of child care.

During the year under report there is a budget provision of Rs. 5,20,000 for giving grants-in-aid to this hospital. Up to the end of December 1959, grants amounting to Rs. 3,00,000 have been given to the hospital.

#### 17. Tata Memorial Hospital, Bombay

With the object of providing clinical facilities available at the Tata Memorial Hospital, Bombay, for carrying on the research work at the Indian Cancer Research Centre, Bombay, the Government of India took over the Hospital from the Trustees of the Sir Dorabji Tata Trust with effect from 1st April, 1957. The Hospital is being managed by a Governing Board consisting of the representatives of the Government of India and the Sir Dorabji Tata Trust and is being financed by the Government of India. During 1959-60 sanction was accorded for extension on the East and West Wings of the existing building of the Hospital at an estimated expenditure of Rs. 8·8 lakhs.

During the year under report there is a budget provision of Rs. 6,50,000 for giving grants-in-aid to the Tata Memorial Hospital, Bombay. Upto the end of December, 1959 grants amounting to Rs. 4,67,500 have been given to this Hospital.

### 18. Cobalt Beam Therapy Units

To facilitate treatment of Cancer the Government of India have procured under the Colombo Plan Capital Assistance Programme for India for 1957-58 three Cobalt Beam Therapy Units for supply one each to the Tata Memorial Hospital, Bombay the Chittaranjan Cancer Hospital, Calcutta and the Christian Medical College Hospital, Ludhiana and a stronger Cobalt 60 Source for the Cancer Institute, Madras. All the units have since been installed at the respective Institutions. The Colombo Plan authorities have also agreed to supply three more such units to India under their Capital Assistance Programme 1958-59. The Units to be supplied will be installed one each at (i) the S. C. B. Medical College Hospital, Cuttack (ii) the Christian Medical College Hospital, Vellore and (iii) Medical College Hospital, Trivandrum.

### 19. Disaster Relief Work

The following medical stores have been distributed to the affected States for emergency relief work during the year under review, from the UNICEF Stock pile of drugs and other gift stocks:

#### A. Items issued from UNICEF Stock pile of drugs to Jammu & Kashmir State for flood relief work

1. Sulphaguanidine	10,00,000	tablets.
2. Chloroquine	25,000	tablets.
3. Chloroquineine	30,000	capsules.
4. Enerovioform	10,000	tablets.
5. Hypodermic needles	100	dozen.
6. Syringes Luer	150	Nos.
7. Record Syringes	200	Nos.

#### B. Issued from the gift stock of hypodermic needles received from CARE

1. 5000 needles to Jammu & Kashmir State.
2. 5000 needles to Uttar Pradesh.
3. 600 needles to Punjab.
4. 4000 needles to Bihar.
5. 5250 needles to Madras.
6. 3000 needles to Mysore.

C. 1,00,000 pounds of T.C.M. Milk has also been supplied to Assam for flood relief work.

## 20. Health Minister's Discretionary Grant

Individuals, voluntary organisations and Institutions and private hospitals and dispensaries etc. approach this Ministry for comparatively small scale financial help for the purpose of medical relief, health development, carrying on researches in the field of medical treatment and public health. Since such demands cannot be foreseen in detail, a lump provision is made every year in the Budget under the Demand "Public Health" of this Ministry to meet them. Grants from this Fund do not involve any future commitments and are sanctioned by the Minister of Health personally. A sum of Rs. 5 lakhs was provided in the budget for 1958-59 which was fully utilised. A similar provision has been made in the budget for 1959-60. Grants from this provision have been sanctioned for various deserving causes which include *inter alia* development of Ayurveda, promotion of maternity and child welfare work, purchase of hospital equipment and instruments, medicines, construction of buildings, organising welfare seminars, treatment of patients suffering from diseases like T.B., asthma etc, fixation of artificial limbs, purchase of hearing aid apparatus, furtherance of health development in the field of leprosy etc. Out of the current year's provision, grants totalling Rs. 329,387 were sanctioned upto the end of December, 1959 to 73 medical and public health institutions and to individuals in distress.

## 21. Health Minister's Welfare Fund

Voluntary organisations and institutions, private hospitals and dispensaries and individuals in distress and in need of medical aid approach this Ministry from time to time for financial assistance. Many of these cases are deserving of help but Government funds are not always available to render the help necessary. It was, therefore, decided in February 1951 to constitute a fund called "The Health Minister's Charity Fund", to be built up from public donations. This Fund was later redesignated as "The Health Minister's Welfare Fund" with effect from the 23rd December, 1952.

The objects of the Fund are the establishment or construction of medical and health institutions of whatever nature and grant of aid to existing medical and health institutions cash or kind, promotion of Social Welfare and the relief of distress.

The total receipts in the Welfare Fund during the period from 1st January 1959 to 30th November 1959 were as under:—

	Rs. nP
Balance on 30-11-1958	10,614.90
Collection from sale of Health Seals during the period from 1-12-1958 to 30-11-1959	4,546.90
Collection from other sources during the same period	<u>1,179.58</u>
<b>Total.</b>	<b>16,341.38</b>

The total payments from the Fund during the period from 1-12-1958 to 30-11-1959 were Rs. 6,785.00 nP.

The balance in the Fund on 30-11-1959 was Rs. 9,556.38 nP.

## 22. Countess of Dufferin's Fund

The Countess of Dufferin's Fund now vests in the Central Government under the Countess of Dufferin Fund Act, 1957. The Fund shall continue to be known as the 'Countess of Dufferin's Fund' and shall be kept separate from the general revenues of the Central Government. The Fund will be utilised for the purpose for which it was established. The income derived from the assets of the Fund which is estimated at about Rs. 60,000/- per annum will be utilised for awarding scholarships to the women candidates undergoing under-graduate medical education, post-graduate medical education, education in the nursing profession and in allied subjects.

The Government of India have appointed an Advisory Committee consisting of the following persons to advise them in the matter of utilisation of the income from the Countess of Dufferin's Fund:—

1. Dr. K. Atchamamba, M.P.	Chairman
2. Deputy Secretary to the Govt of India (Medical), Ministry of Health	Member
3. Deputy Director General of Health Services (Medical)	Member
4. Deputy Financial Adviser, Ministry of Health	Member
5. Shri C. Naniappa, M.P.	Member
6. Ran Manjula Devi, M.P.	Member
7. Smt. K. Bharathi, M.P.	Member
8. Adviser, Maternity & Child Welfare, Dept. of Health Services	Secretary

The term of office of the Committee as a whole will be two years.

### **23. Financial assistance to voluntary health institutions**

A provision of Rs. 100 lakhs exists in the Second Five Year Plan for giving non-recurring grants to T.B., Leprosy, Cancer etc. Institutions which are maintained by voluntary bodies and are of more than local importance and work without profit for the field of health. The grants are intended for the purchase of essential equipment and for improving the institutions in other ways. A provision of Rs. 15 lakhs exists in the budget grant for 1959-60 and the entire amount has been disbursed to 68 institutions.

### **24. Indian Red Cross Society**

There is a provision of Rs. 1 lakh in the budget estimates for 1959-60 for paying a grant-in-aid to the Indian Red Cross Society to meet their normal expenses. It is proposed to pay the amount before the close of the financial year.

### **25. St. John Ambulance Association (India)**

A grant of Rs. 4,000/- was paid to the St. John Ambulance Association (India) during 1959-60 as a token of encouragement for humanitarian work done by the Association.

### **26. The Influenza Virus Vaccine Production Unit, Coonoor**

The Coonoor vaccine as well as representative samples of several foreign vaccines were tried on human volunteers. It was found that while the Coonoor vaccine gave satisfactory response in a large number of volunteers, the results were not consistently good. Subsequent studies indicated that very satisfactory results could be obtained when the HA titre of the Coonoor vaccine was adjusted to the high titre present in a good sample of foreign vaccine.

As a result of investigations on the action of formaldehyde on influenza virus, the optimal concentration of formaldehyde necessary to inactivate purified virus preparations without destroying their antigenicity has been determined.

The effect of storage on influenza virus vaccine has been studied.

One of the chief difficulties encountered in the production of vaccine with Asian strains of influenza virus is the poor HA titres of infected allantoic fluids as these strains grow poorly in embryonated eggs. Further, the infected allantoic fluids on storage in the deep freeze show considerable deposits resulting in a further decrease in virus titre. It is found that in some cases the deposits contain more virus than the supernatant.

Experimental work with Asian strains is in progress (i) to step up the virus titre in the eggs and (ii) to improve the virus yield by trying to get back into the allantoic fluid the virus present in the deposit.

Different methods of purification and concentration of the virus are being tried to improve the quality of vaccine.

During the year 1958-59, as against the grant of Rs. 16,000/- an expenditure of Rs. 12,285.05 was incurred on the project.

The Government of India have sanctioned a grant of Rs. 19,000 during the year 1959-60 for the continuance of the project.

#### **27. The B.C.G. Vaccine Laboratory, Guindy, Madras**

The B.C.G. Vaccine Laboratory, Guindy, Madras, was established in 1958 for the production of tuberculin and B.C.G. Vaccine required for the B.C.G. Campaign. During the year 4,364,192 c.c. of Tuberculin and 2,630,378 c.c. of B.C.G. Vaccine were produced by the Centre. 39,02,515 c.c. of tuberculin and 18,01,228 c.c. of B.C.G. Vaccine were supplied to indentors in India while 2,83,700 c.c. tuberculin and 7,57,480 c.c. of B.C.G. Vaccine were supplied to foreign countries namely, Afghanistan, Ceylon, Burma, Pakistan and Malaya.

A plant for the manufacture of dry freeze vaccine has been installed at the laboratory. The required hard glass ampoules have also been received from Japan. The manufacture of dry freeze vaccine on an experimental basis is expected to start during 1960.

So far an expenditure of Rs. 1,66,765 out of the plan provision of Rs. 3 lakhs has been incurred on the project.

#### **28. The Antigen Production Unit**

The Antigen production unit moved to the new building during the year 1958-59, but a portion of the premises of the Central Drugs Laboratory had still to be retained by the unit. Three lots of antigenic constituents—2 lots of Cardiolipin and 1 lot of Lecithin—were prepared during the year 1959. 19,890 ampoules of V.D.R.L. antigen have been released so far during the year.

The production of Cardiolipin and Lecithin will continue. Sufficient antigen will be produced to meet the demand of the entire country.

### 29. Medical Store Depots and Factories.

Medical Store Depots at Bombay, Madras, Calcutta and Karnal continued to supply medical stores to their indentors. The number of regular indentors is now 11,611 as against 10,654 during the year 1958-59. There are several casual indentors drawing supplies from the Medical Store Depots. These indentors are, mainly, hospitals, dispensaries and medical colleges run by the State Governments and Local Bodies, charitable institutions and the Railways.

The Medical Store Depots were supplying those items to their indentors as were listed in the P.V.M.S. (India) 1942. Though periodical amendments to this publication were issued from time to time but as a number of new drugs, that had appeared in the market and were frequently required by the indentors and similarly quite a number of drugs, instruments and appliances had fallen into disuse, a wholesale revision of the P.V.M.S. was called for. The P.V.M.S. has been revised and brought upto-date and published under the title "Vocabulary of Medical Stores" (Civil) 1949. The powers of fixation of P.V. rates has been delegated to the DADG (MS) in each M.S. Depot and the rate lists are issued for each depot separately. This publication has since been printed and supplied to all the indentors.

Advisory Committees have been constituted for each zone of supply. The meetings of the Advisory Committees are held quarterly which were held on the following dates:—

#### 1st Meeting.—

*Bombay Region held on 9-1-1959.*

*Madras Region held on 25-3-1959.*

*Calcutta Region held on 28-4-1959.*

*Karnal Region held on 6-6-1959.*

#### 2nd Meeting.—

*Madras Region held on 6-11-1959.*

*Bombay Region held on 23-11-59.*

As a result of the various improvements effected in the working of the Medical Store Depots the clientele of the Medical Store Depots have been steadily increasing. The Government of Andhra Pradesh has enrolled all the Hospitals and Dispensaries in Telengana region numbering over 300 as indentors on Medical Store Depot, Madras. Very recently Government of Kerala has also made the request to the enrolment of all hospitals and dispensaries numbering 500 in Kerala State as regular indentors on the Medical Stores Organisation. Their request has been agreed to by the Government of India.

The total value of stores purchased by the Medical Stores Organisation during 1958-59 was Rs. 1,38,39,200/- . The Medical Store Depot Factories at Madras and Bombay manufactured stores to the total value of Rs. 32,51,161.

The value of supplies made by the four Medical Store Depots during the year 1958-59 is as follows:—

Depot		Year (1958-59)
	Rs.	
Medical Store Depot, Madras	. . . . .	75,55,499
Medical Store Depot, Bombay	. . . . .	52,80,097
Medical Store Depot, Calcutta	. . . . .	31,37,780
Medical Store Depot, Karnal	. . . . .	<u>35,40,718</u>
		<u>1,95,14,094</u>

*Quinine and Quinine Substitutes*

Medical Store Depot, Madras	. . . . .	74,572
Medical Store Depot, Bombay	. . . . .	2,12,390
Medical Store Depot, Calcutta	. . . . .	33,256
Medical Store Depot, Karnal	. . . . .	<u>50,095</u>
		<u>3,70,313</u>

The flow of supply arranged centrally through the Director General of Supplies and Disposal continued to be irregular and the depots were required to make increased purchase of medical stores to meet the requirements of their indentors under enhanced financial powers delegated to them.

The combined profit and loss account of the working of the Medical Store Depots and Factories for the year 1958-59 is as follows:—

	Loss(—) Profit(+)	Ra.
General Civil Stock (Including working of factories, repair shop)	(+)	6,37,900
Special Item—Quinine and Quinine Substitutes	(—)	2,84,535
	(+)	<u>3,53,365</u>

It will thus be seen that there was profit of Rs. 6,37,900 in the transactions of the General Civil Stock, but if all the transactions are taken into account there was a profit of Rs. 3,53,369 the reduction being due to a loss of Rs 2,84,531 on Special Item viz., Quinine and Quinine substitutes. The quinine stocks are held at M.S. Depots as reserve stocks and there have been very little sales from this stock. According to the Government of India the Reserve Stocks of 2,00,000 lbs of Quinine has to be maintained by the Depots.

The depots situated at the port are receiving supplies of various items like DDT, Milk powder and laboratory equipments for Medical Colleges from various International Stores Organisations such as TCA and UNICEF. The existing accommodation at the Medical Store Depots has not been sufficient to hold these supplies and additional space was hired as and when required by the Medical Store Depots.

The value of International Stores received by the Government Medical Store Depots during the year under review is as follows:—

	Rs.
Medical Store Depot, Bombay	3,86,40,151
Medical Store Depot, Madras	89,86,632
Medical Store Depot, Calcutta	3,54,73,747
<b>TOTAL</b>	<b>8,31,00,530</b>

On the basis of the report of the Technical Committee appointed by the Government of India in the Ministry of Health, the question of modernisation of the Medical Store Depots Factories at Bombay and Madras, is under final examination. The Government of India have already agreed in principle to the incurring of the expenditure on this account and an estimate has been submitted for necessary sanction. The total expenditure is expected to be approximately, as indicated below:—

	Rs. nP.
M. S. D., Madras	2,45,294.00
M. S. D., Bombay	5,30,225.50
<b>TOTAL</b>	<b>7,75,519.50</b>

### 30. Cinchona Cultivation.

Due to difficulties in the availability of quinine at the end of the World War II on account of stoppage of imports of quinine, the Government, launched a scheme of cinchona cultivation by a short-term

method with the assistance of the Madras and West Bengal Governments. As a result of the intensive anti-malarial campaign after the war, and the production of newer synthetic anti-malaria, the demand for quinine has considerably decreased. The position regarding the cinchona cultivation in India was reviewed first by an Export Committee in 1952-53 and later at a conference with representatives of the Central and the State Governments held at Cocacamund in October, 1955, and recently at the Quinine Conference held at Calcutta in August, 1959. Since then action has been taken as indicated below:—

- (1) The Zonal system of distribution of quinine has been abolished, except for purchases of quinine by State Government Institutions. The Zonal system is not, however applicable in case of free distribution of quinine by the Central Government.
- (2) The State Governments of Madras and West Bengal were informed that they could sell their quinine products at whatever price they chose.
- (3) It was decided not to maintain any central reserve stocks of Quinine at the M.S. Depots and every effort is being taken to dispose of the stocks of quinine held at the M.S. Depots.
- (4) The State Governments of Madras and West Bengal were requested to reduce progressively the area of Cinchona plantation in view of the fall in demand for Quinine.

The Government of India's Cinchona cultivation in Madras has been harvested and the bark is being processed into Quinine sulphate and cinchona febrifuge at the Annamalais Factory.

### **31. The Central Health Service Scheme.**

The Central Health Service Rules, 1959, were published in the Gazette of India (Extraordinary) dated the 1st June, 1959 and were brought into force with effect from that date. The authorised permanent strength of the Service at its initial constitution is 441, out of which 240 are Class I posts and 201 Class II posts.

### **32. Goitre**

**Goitre Pilot Project.**—The Government of India, in Collaboration with the Government of Punjab and I.C.M.R. started the Goitre Pilot Survey Project in the Kangra District of Punjab in the First Five Year Plan, in October, 1954, for the control of Goitre with iodised/iodated salt. The Pilot Project has so far conducted survey in the districts of Kangra, Hoshiarpur and Gurdaspur to demarcate the area of Goitre endemicity. Iodised Salt is being supplied to 23

villages of Kangra Tehsil and iodated salt to 16 villages of Palampur Tehsil since December, 1956. In May, 1959, re-survey has been started to evaluate the results of the consumption of Iodised/Iodated salt.

*Goitre Control Scheme.*—The Scheme for the control of Goitre included in the Second Five Year Plan at an estimated cost of Rs. 18 lakhs, envisages estimation of the Goitre problem in areas where it is yet to be defined, supply of Iodised Salt to the inhabitants of areas affected with endemic Goitre and assessment of the results of Iodine prophylaxis.

Two field units are surveying the areas of Goitre endemicity.

Iodised salt will be made available in selected areas for human consumption at the same price as the ordinary salt, the cost of iodisation being met by the Central Government. It was originally proposed to cover a total population of 87.5 lakhs during the Plan period. In the first instance it is proposed to supply iodised salt in some of the endemic areas selected from the States of Punjab, Himachal Pradesh, Uttar Pradesh, Bihar, Assam and N.E.F.A.

*UNICEF Assistance.*—The UNICEF Executive Board have agreed to supply one Iodisation Plant capable of processing 70 tons of salt per day, which will be sufficient for a population of 2.75 millions. The Board have also agreed to give two vehicles on loan for the two Survey Teams.

*W.H.O. Assistance.*—W.H.O. will make available such technical advice and guidance as may be useful to the project.

UNICEF is expected to supply the Iodisation Plant by April, 1960, which will be installed at Sambar Lake and the production of 'Salt' is expected to begin by November, 1960.

One survey team started survey work in Himachal Pradesh on the 3rd March, 1959. On completing the survey work in the Districts of Bilaspur, Mandi and Mahasu, it is now working in Sirmur District. One station wagon has been supplied by UNICEF for the Team.

The other Team started survey work in the Siang Frontier Division of NEFA on 16-4-1959. The Team had surveyed only three villages of Siang Frontier Division and had to suspend work due to bad weather and early onset of monsoon. This team will shortly leave for Naga Hills to undertake survey.

## CHAPTER VI

### HEALTH EDUCATION

#### 1. The Central Health Education Bureau

The Bureau continued to deal with the health publicity part of the health education work. In addition to one W.H.O. Expert who joined the Bureau in December 1958, one T.C.M. expert on Training (Health Education) joined in April 1959.

During the year (up to November 1959) 19 pamphlets, brochures, and leaflets (in Hindi and English) on health subjects were designed, pretested and published. A new series of brochures on National Health Problems was started during the year.

Two posters, *viz.*, "The Handicapped Child must be Helped" and "prevent Diphtheria and Whooping Cough by Take Immunisation", were designed, pretested and published. In addition, four posters, *viz.*, Cultivate 'Q' Habit", "Wait for Your Turn, Examination Takes Time—Do Not Hurry", "Courtesy Begets Courtesy" were designed for the Contributory Health Service Scheme, and one poster on "End Malaria—Take Proper Treatment", was designed for the Malaria Institute of India.

The publication of the monthly health bulletin 'Swasth Hind' was continued. Special issues of 'Swasth Hind' on Family Planning, World Health Day, Leprosy and Children's Day were brought out. A pamphlet in Hindi entitled 'Bachon ki Vyavaharic Samasyayin' was also published. The question of bringing out a bulletin in Hindi on the model of 'Swasth Hind' is under consideration.

A Committee has been appointed for the purpose of (a) fixing the sale price of the health education material produced by the Central Health Education Bureau, which is not sold by or through the agency of or stocked and/or distributed by the Central Publication Branch, (b) fixing the number of copies of such material for free distribution, and (c) fixing the annual subscription for the periodical bulletins such as 'Swasth Hind'.

The film unit of the Bureau has added to its stock 20 films and 2 filmstrips. The total number of films and filmstrips available with the unit are 321 and 109 respectively. During the year (upto October

1959) the Bureau loaned 675 films to 206 organisations. Films on "Trachoma" and "Protection of Children from Communicable Diseases" were produced during the year and films on "National Malnutrition Eradication Programme", "Tuberculosis", "Health Education", "Small-pox", "Child Care" and "Family Planning" are under production through the Ministry of Information and Broadcasting.

Over 1000 books, pamphlets, reports, folders, etc. were added to the Central Health Education Library which was started in 1957.

The Bureau participated in the Silver Jubilee Celebrations of the National Council of India, the Workshop-cum-Refresher Course for the Principals of Teacher-Training Colleges (held at the National Institute of Educational Education), and the Sixth International Conference on Planned Parenthood, where health education material was displayed and distributed.

The construction of the building for the Bureau is in progress and is expected to be completed by the end of February, 1960.

The T.C.M. is providing audiovisual, teaching and demonstrational materials to the Bureau of the value of \$7,500. Some of the equipment has already been received at the Bureau.

## **2. Establishment of Health Education Bureaux in States.**

The Government of India have approved a scheme for the establishment of Health Education Bureaux in States with Central assistance during the Second Five Year Plan period. In order to encourage the State Governments to establish these Bureaux, the Central Government is providing central assistance to the State Governments for the establishment of 10 such Health Education Bureaux during the Second Five Year Plan period. The expenditure of Rs. 99,540/- recurring and Rs. 10,000 non-recurring will be shared by the Central Government with the State Governments on the approved pattern. In addition, it is expected that the UNICEF will make available to the State Governments participating in the scheme equipment and supplies worth Rs. 87,000/-.

The Central Government have approved the establishment of Health Education Bureaux with Central Assistance during 1959-60 in Andhra Pradesh, Bihar, Bombay, Kerala, Madras; Orissa and West Bengal.

## CHAPTER VII

### INSTITUTES

#### 1. Malaria Institute of India, Delhi.

The functions of the Malaria Institute of India are mainly research on different aspects of Malaria and Filaria and training of personnel for the investigation and control of these diseases. The Institute also functions as the Central Advisory Body on question of Malaria and Filaria in the country.

The Institute has 9 sections namely Training, Chemistry, Chemothropy, Entomology, Parasitology, Insecticides, Library and Museum. There are two branches, one at Coonoor (Madras State) devoted to study of malariology and the other at Trivandrum (Kerala State) to Filaria studies and training in filariology.

Training has always been one of the most important functions of this Institute since its inception. Due to very great demand for trained personnel for the National Malaria Eradication Programme in India, training facilities were augmented and a new course started during the year to train Laboratory Technicians (Microscopists). Number of seats in each course was increased from 30 to 50. Training programme for Malaria Inspectors and Laboratory Technicians (Microscopists) were also decentralised and undertaken in different States and Regional Training Centres.

The training courses are mainly conducted for the personnel necessary for the National Malaria Eradication Programme and for the National Filaria Control Programme. But nominees of other organisations like Municipalities, Railways, Defence Services, W.H.O., T.C.M. and Port Health Organisations are also admitted. Limited hostel accommodations is available on the premises of this Institute.

The following courses were held at the Malaria Institute of India:

*Medical Officers—3 courses.*

1. 5-1-1959 to 14-2-1959 . . . . .	50
2. 18-2-1959 to 31-3-1959 . . . . .	51
3. 31-8-1959 to 8-10-1959 . . . . .	48

*Malaria Inspectors—3 courses*

1. 6-4-1959 to 2-5-1959	.	.	.	.	.	.	51
2. 4-5-1959 to 30-5-1959	.	.	.	.	.	.	51
3. 1-6-1959 to 27-6-1959	.	.	.	.	.	.	58
							<u>160</u>

*Technicians—4 courses*

1. 6-7-1959 to 1-8-1959	.	.	.	.	.	.	48
2. 3-8-1959 to 29-8-1959	.	.	.	.	.	.	33
3. 2-11-1959 to 29-11-1959	.	.	.	.	.	.	51
4. 7-12-1959 to 2-1-1960	.	.	.	.	.	.	51
							<u>183</u>

*M. E. (P.H. Student) — 1 course*

1. 19-10-1959 to 28-10-1959	.	.	.	.	.	30
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*Filaria Training Centre, Ernakulam**Malaria Inspectors—4 courses*

1. 15-3-1959 to 11-4-1959	.	.	.	.	.	26
2. 4-5-1959 to 30-5-1959	.	.	.	.	.	28
3. 1-6-1959 to 27-6-1959	.	.	.	.	.	27
4. 1-7-1959 to 26-7-1959	.	.	.	.	.	30
						<u>III</u>

*Technicians—1 course*

1. 3-8-1959 to 29-8-1959	.	.	.	.	.	25
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*Filaria Inspectors — 1 course*

1. 12-1-1959 to 7-2-1959	.	.	.	.	.	27
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5 Medical Officers were given training in Malaria from Afghanistan, Nepal, Germany and Ceylon.

In addition short training courses were also arranged on special subjects on malaria and filaria and facilities provided for such courses to 9 foreign visitors coming from Indonesia, Thailand, Nigeria, Japan and U.A.R.

The following personnel were trained at the Regional Training Centres during 1959:—

Malaria Inspectors	...	865
Technicians	...	151

**Research.**

Research on the various aspects of the malaria and filaria included mainly parasitology, chemotherapy, pathology, control of malaria and filaria and investigations on insecticides, larvicides and bionomics of

mosquitoes. Tests on anti-malarial drugs, insecticides and larvicides were carried out both in laboratory and in the field in different parts of India under varying conditions.

*Library and Museum*—were further augmented for training and research in the field of malariology and filariology

The training of personnel of different categories for the National Malaria Eradication Programme and National Filaria Control Programme as well as other national and international trainees will continue during the year. Laboratory as well as field research activities on varicose aspects of Malaria and Filaria will be continued.

### 2. Grant to the Pasteur Institute, Coonoor

The Government of India made an *ad hoc* grant of Rs. 80,000 during 1958-59 to the Pasteur Institute, Coonoor, through the Indian Council of Medical Research for the purchase of equipment required for the expansion of tissue culture, production of antirabies hyperimmune serum and other virus research activities of the Institute.

During the year 1959-60, the Government have sanctioned to the Institute a non-recurring grant of Rs. 2·50 lakhs for the construction of building, electric fittings, purchase of furniture etc., and a recurring grant of Rs. 1,33,000 for the purpose of research on the value of antirabies serum and its production on a pilot scale, and for studies on rabies, influenza, respiratory and intestinal viruses, syphilis, cholera and smallpox.

### 3. The National Tuberculosis Training Institute, Bangalore.

The National Tuberculosis Institute, Bangalore, was established by the Government of India in March, 1959 for the training of T.B. workers required for manning the T. B. Clinics established under the T.B. Control Programme. The UNICEF/W.H.O. have offered assistance in the shape of equipment and personnel for this centre as well as for the T. B. Clinics and training centres included in the National T. B. Control Programme.

The W.H.O. experts assigned for the project are in position and the national counterparts to the W.H.O. experts have been appointed in many cases.

Preliminary work to the training programme is under way. It is expected that the training will commence by the middle of 1960. A field training programme will be organised in selected towns and

community development blocks in the States of Mysore, Madras and Andhra Pradesh where doctors, home visitors, X-Ray technicians and laboratory technicians will be given training under actual working conditions.

#### 4. All India Institute of Hygiene and Public Health, Calcutta.

The Institute has completed its 26 years of existence. The aims of the Institute which are to provide instructions in Preventive and Social Medicine and to conduct research in associated fields for the requirement of medical protection and positive health of large units of population, both rural and urban, continued to be fulfilled during 1959-60.

The number of students admitted in various courses which started in this academic year are:—

Courses	Indian Students	Non-Indian Students	Total	Remarks
	1	2	3	4
1. Diploma in Public Health (D.P.H.)	64	3 (1 Burma & 2 Iran).	67	
2. Licentiate in Public Health (L.P.H.)	4	..	4	
3. Master of Engineering (Public Health) ME (P.H.)	29	1 (1 from Phillipine)	30	
4. Diploma in Maternity & Child Welfare (D.M.C.W.)	12	..	12	
5. Diploma in Industrial Hygiene—(D.I.H.)	9	..	9	
6. Diploma in Nutrition (D.N.)	1	..	1	
7. Diploma in Dietetics—(Dip-Diet.)	11	..	11	
8. Certificate in Public Health Nursing.	36	3 (1 Egypt, 1 Iran & 1 Sudan)	39 (including 1 irregular student)	
9. Certificate in Health Education	17	..	17	
10. Certificate in Medical Statistics.	1	..	4	
11. Certificate Course in Preventive & Social Medicine.	5	..	5	
12. Certificate Course in Laboratory Technique.	20	..	20	
13. Orientation Course in Epidemiology.	23	..	23	
14. Orientation Training Course (Singur)	90	4 (Burma)	94 (Enrolled for 4 courses of the session).	
15. D.Sc. (P.H.)	..	1 (1 from Egypt).	1	
16. Research Student	..	1 (1 from China)	1	
TOTAL	325	13	338	

A total number of 338 students are on roll in the different courses of this Institute including 13 non-Indian students (2 from Egypt, 3 from Iran, 1 from Sudan, 5 from Burma, 1 from Peoples Republic of China, 1 from Philippines) and the number of students is likely to increase to about 400 where certain certificate courses which are scheduled to be held shortly within the academic year, are offered. In addition, short term special training programme was arranged for 10 W.H.O. and other fellows who visited this Institute so far during the year from different foreign countries.

The students of the D.P.H., L.P.H., D.M & C.W., P.H.N., M.E. (P.H.) and teachers training in Preventive & Social Medicine courses participated in the improved family study programme arranged in the Urban Community Controlled practice field, Chétla. On completion of the family study programme, a number of seminars and group discussion were held. More intensive training in tropical diseases were also arranged in the School of Tropical Medicine.

Since 1953, a good deal of discussions meetings and exchange of notes took place to arrive at a plan how best the D.P.H. curriculum can be revised. Ultimately, a proposal for the revision of the course was formulated by the Director of the Institute keeping in view the needs of the country and also world trends in the field, and the same was submitted to the University of Calcutta in 1958 for consideration. The proposal was adopted in October, 1959 by the University and it came into effect with the current session 1959-60.

28 Indian students out of 29 admitted to the M.E. (P.H.) course under National Water Supply Training Scheme are granted monthly stipends of Rs. 150/- plus T.A. for educational tour and free tuition by the Government of India. One foreign candidate from the Philippine admitted in the course is granted fellowship under the T.C.M. Scheme.

Government of India fellowships have also been granted to 6 D.M. & C. W. and 1 P. H. N. students and on matching basis the UNICEF have granted 6 D.M. & C.W. and 12 P.H.N. fellowships to Indian students of the session. The Dufferin Fund Council, the T. N. Association and the American Women's Club, have each granted a scholarship to a student of the P.H.N. course. The Government of India have also sanctioned the grant of scholarships to 12 students admitted to the Health Education Course, the cost of which will be shared equally with the W. H. O. The Government of India have also sanctioned 10 scholarships, free tuition and T. A. to 10 students of the new course for teachers in Preventive & Social Medicine. And 30 students of the short Public Health Engineering course starting on

the 4th January, 1960 will also be granted monthly stipend. Thus in the session a total number of 126 Indian students have been granted scholarships. Of the 13 foreign students 10 have been granted WHO Fellowships, 1 T.C.M. Scholarship, 1 Exchange scheme scholarship and one student from Egypt has been studying D.Sc. at his own cost.

One of the important reasons for the slow development of the department of Preventive and Social Medicine in the Medical Colleges in India is due to the shortage of trained teachers who can be appointed in the department. To make up the deficiency, a post-graduate course of 18 months duration in Preventive and Social Medicine for teachers of Preventive Medicine of the Department of Medical Colleges has been introduced, in this session. The total number who have been studying in this course is 5. After completion of this training in 1961 they will return to their states, for appointment as Lecturers/Professors in the various Medical Colleges.

In view of the rapid expansion of the Health Services in the country the need for organising seminars courses for Senior Administrative Officers to acquaint them with the up-to-date knowledge in the subject of their speciality, is keenly felt. A seminar course in Epidemiology was held in October, 1959, which has been attended by 23 Senior Administrative Medical Officers.

Professor C. F. Brockington, M.A., M.D., D.P.H., Head of the Department of Preventive & Social Medicine, University of Manchester, England was assigned in May, 1959 by the WHO as a short term Consultant in Preventive and Social Medicine.

Due to poor response, certain short term certificate courses viz. (i) M. & C.W., (ii) Biometric Technique and (iii) Nutrition have been discontinued this year.

Four members of the staff proceeded overseas for study, on WHO and Indo-German Industrial Cooperation Scheme fellowships. Three members of the staff have resumed their duties after their completion of higher studies.

Important research carried are:—

1. Kwashiorker Investigation.
2. Investigation of an out break of gastro-enteritis at the Marine Engineering College, Calcutta.
3. Cholera Phase study.

4. Field study of Cholera Epidemic in Chetla Urban Health Centre area.
5. Research on the use of Mata-xylopdrequunnoul as an oral contraceptive.
6. Rural fields study of population control.

The staff of the Institute also participated in the teaching programme of other local institutions such as School of Tropical Medicine, Indian Institute of Social Welfare and Business Management, Calcutta Medical College, College of Gynaecology, Chittaranjan Seva Sadan and Institute of Child Health. A series of meetings for discussion relating to matters of public health interest were held under the auspices of the Research Club, Alumni Association etc. during the course of the year.

The Institute's Urban and Rural Community Controlled Practice Field at Chetla and Singur continued to render assistance in the field training of the students of this and other Institutions research work and also medical services to the Community.

#### **M.C.H. Department**

The M.C.H. Department of the Institute with its allied branches has been developed as an international training centre for M.C.H. workers by the Government with assistance received from the WHO and UNICEF.

In the up-graded department, the students of the different courses of this Institute and of other local institutions received training in the M.C.H. Department. The major responsibility of the department is to impart training to the students of D.M. & C.W., P.H.N. and D.C.H. courses continued. Three non-Indian students have been admitted to the Public Health Nursing course in addition to thirty-five Indian students. All the 12 students of the D.M. & C.W. course are national candidates.

In view of the poor response, the 3 months certificate course in M. & C.W. has been discontinued from this session.

Government of India fellowships have been granted to six D.M. & C.W. and Public Health Nursing Indian students and on matching basis the UNICEF have granted six D.M. & C.W. and twelve Public Health Nursing fellowships. In addition, the Dufferin Funds Council, the T.N. Association and the American Women's Club each have granted one fellowship.

The three non-Indian P.H.N. students attended the annual conference of All India Trained Nurses Association held in Bombay as arranged by the W.H.O.

Apart from the research work mentioned in the Institute's report, the staff of the department conducted research in the following subjects:—

1. Normal Blood Picture in pregnancy.
2. Birth Weight of Newborns.
3. Field Trials with Protein mixed foods.
4. Incidence of Worm Infection.

The department also participated in MCH services to the Urban and Rural Health Centres .

**5. Central Leprosy Teaching and Research Institute Chingleput, Madras.**

In pursuance of the recommendations of the Health Survey and Development Committee in regard to the establishment of a Central Leprosy Teaching & Research Institute, this Institute was established at Tirumani, Chingleput in 1955 by taking over from the Madras Government the Lady Willingdon Leprosy Sanatorium at Tirumani and the Silver Jubilee Children's Clinic, at Saidapet, Madras. During the year under report the construction of a new wing at the Saidapet Clinic for temporary hospitalisation of 10 leprosy patients has been completed. The construction of the laboratories, Clinical Block and a new Operation Theatre is nearing completion. The foundation stone for a separate 30 bedded block for leprosy patients suffering from tuberculosis has been laid and the construction is in progress.

The activities of the Institute include treatment of patients, occupational therapy, educational and recreational facilities for the patients and teaching and research. The total in-patient accommodation in the Sanatorium is for 884 patients and the total number of in-patients treated from 1-4-59 to 31-10-59 was 1140. Out-patients are also treated at the Sanatorium but the out-patient work forms the main feature of the Saidapet Clinic and the Mobile Unit based at the Institute. About 3000 out-patients took treatment at the Saidapet Clinic and about 2000 out-patients are registered for treatment at the 17 centres visited by the Mobile Unit and covering more than 200 villages. A Physiotherapy Section has been recently started at the Sanatorium under an experienced Physiotherapist for prevention and treatment of deformities of the patients.

From 1-4-59 to 31-10-59, 36 Health & Sanitary Inspectors in four batches deputed by the Madras Government were given training for 2 weeks each at the Institute at Tirumani and at the Saidapet Clinic. 8 batches of students and trainees from the Orientation Training Centre, Poonamallee and the Public Health Department, Madras (including 7 Medical Officers) attended the Institute for a day each and were given lectures and demonstrations in leprosy.

The research activities have included therapeutic trials and investigations to find out the prophylactic value of sulphones in healthy contacts of leprosy patients. Therapeutic trials with SU 1906 (DPT) have been continued. Fresh trials have been started with the new anti-leprosy drug 'Ejisul' and the value of Chloroquine in the treatment of lepra reactiva has been investigated.

The industrial workshop and Agricultural Farm provide occupational therapy to the patients at the same time fulfilling many of the needs of the Institute. The elementary schools for boys and girls and adults night schools for men and women provide education to the in-patients. Recreational facilities such as sports, dramas and cinema shows are provided.

#### **6. Vallabhbhai Patel, Chest Institute, Delhi.**

The Vallabhbhai Patel Chest Institute was established by the Delhi University in January 1953 with financial assistance given by the Government of India, Ministry of Health. The Institute is managed and administered by a Governing Body which includes Vice-Chancellor as Chairman and representatives of the University and Government of India as members.

A grant of Rs. 3,08,800/- was paid to the University of Delhi during the year 1958-59 which was fully utilised by them for the purpose for which it was sanctioned. A grant of Rs. 4.40 lakhs has also been paid to the University of Delhi for the same purpose during the current financial year.

The 13th D.T.D. Course for the training of doctors in tuberculosis and chest diseases commenced on 13th January, 1959 with 20 students. 16 students passed the examination and are now undergoing internship training. Out of 8 students who completed the Medical Laboratory Technology Course five were successful in the examination and were awarded the certificates.

7 students have been admitted to the 3rd Medical Laboratory Technology Course in July 1959. They will appear for their examination in June 1960.

For the first time the Institute conducted a short post-graduate Course in Chest Diseases jointly with the Indian Association for Chest Diseases and American College of Chest Physicians. 4 students attended the Course. Many eminent chest specialists participated.

The Clinical Research Centre which was functioning until the beginning of the year only as an out-patient department is now catering to in-patients as well. 15 beds for males and 5 beds for females are reserved. Only patients who suffer from diseases which are taken up for research are admitted in the wards. This considerably facilitates the programme of clinical research undertaken by the Institute. Respiratory Allergy, Chronic Bronchitis and emphysema are three of the important subjects that have been taken up for studies. Evaluation of Hypo-sensitisation in asthma has made considerable progress.

Two new departments have been added to the Institute—One for Mycology and the other for Precocionosis. The sections are in the process of development.

The Indian Council of Medical Research has sponsored 4 enquiries. Work on Bagassosis has made substantial progress and some new observations have been made on this industrial disease.

A new antibiotic which appears to have anti-tubercular properties has been discovered. It is still under investigation. In vitro results are promising.

The Institute under the auspices of the Faculty of Medical Sciences organised a number of lectures by eminent foreign visitors. The Research and Training programme will continue during the year 1960-61.

## **7. All India Institute of Mental Health Bangalore**

The All India Institute of Mental Health, Bangalore was established in August, 1954, with the following objects:—

- (i) to make provision for and to promote post-graduate, special studies and research in mental health;
- (ii) to give advice to the Government of India and to State Governments on matters relating to the organisation of mental health services;

(iii) to act in coordination with International and other agencies in the matter of post-graduate and special studies; and

(iv) research in Mental Health.

The Institute works in association with the Mental Hospital, Bangalore and its affairs are managed by the Governing Body consisting of representatives of the Central Government and the Government of Mysore.

A Grant of Rs. 1,00,000/- was paid to the All India Institute of Mental Health, Bangalore for meeting the recurring expenditure during 1958-59. In addition to above a sum of Rs. 21,000 for the purchase of a six-channel Electroencephalograph and Rs. 18,000 for the purchase of articles of furniture, crockery, etc., were paid to the Institute. A Grant of Rs. 24,670 was also paid to the Government of Mysore for construction of kitchen.

A two years Diploma course in Psychological Medicines and another in Medical Psychology were started at the Institute in January, 1955 and a Diploma course of one year in Psychiatric Nursing in January, 1956.

During the year 1959, the number of candidates who joined the various courses are as under:—

Diploma in Psychological Medicine	..	Six.
Diploma in Medical Psychology	..	Seven.
Diploma in Psychiatric Nursing	..	Twenty.

A scheme for the expansion of the Institute has been included in the Second Five Year Plan for which there is a provision of Rs. 26·0 lakhs.

This Institute is also being assisted by the World Health Organisation by providing W.H.O. consultants in Psychiatry to the Institute.

#### **8. All India Institute of Physical, Medicine and Rehabilitation, Bombay.**

The Rehabilitation and Training Centre for the Crippled at the K.E.M. Hospital, Bombay, which was established in 1955 as a joint venture of the Government of India, the Government of Bombay and the Bombay Municipal Corporation has been renamed as the 'All India Institute of Physical Medicine and Rehabilitation'. The Institute is at present located in the Workshop building at Haji Ali Park,

Mahaluxmi, Bombay. This is a 'stop-gap' arrangement pending construction of the main building of the Institute on the adjoining plots. Provision exists in the Second Five Year Plan for the construction of the main building of the Institute and the construction work will begin as soon as the necessary land is made available.

The main object of this Institute is to impart postgraduate instructions on co-ordinated and integrated rehabilitation programme for the disabled in the various fields, viz., physical medicine, physical therapy, occupational therapy, vocational training and guidance, psycho-social adjustment, job selection, job training, job placement, taking into consideration the treatment of the 'whole man'. For this purpose this Institute, during the year under report, conducted the following courses:—

- (1) One Post-Graduate course in rehabilitation for Physiotherapists and Occupational therapists.
- (2) Six weeks course in Rehabilitation for medical practitioners.
- (3) Ten days Seminar in Rehabilitation for Social Workers & Vocational counsellors.
- (4) The Post-Graduate course for physiotherapists and occupational therapists is going on at present. Eleven students are attending the course.
- (5) One course for Rehabilitation Nurses was conducted from 1st February 1960 to 15th March, 1960.

During the year 40 candidates have been trained in the techniques of rehabilitation of the disabled including establishment of the rehabilitation departments and their organization. Most of these students are working in various hospitals in India doing excellent work.

In addition this Institute conducts case conferences twice a week which are attended by the members of the staff of the Institute, post-graduate students of the participating hospitals, medical practitioners and others interested in this field. This way medical profession in general and students in particular are apprised of the scope of rehabilitation.

This Institute also undertakes treatment of patients in need of special rehabilitation programmes which are not easily available in local hospitals and treats patients from all over the country and sometimes even from abroad. The number of such patients treated by the Institute during the year was 666.

In addition the Institute also helps various organizations and institutions in the country to start the rehabilitation departments and at their requests prepares schemes for them taking into consideration local needs and resources. During the year under review schemes for the following hospitals and institutions were prepared:—

1. Hospitals and medical colleges at Ahmedabad, Baroda, Nagpur, and Jamnagar, Poona as per request of the Government of Bombay.
2. Employees' State Insurance Corporation for Mahatma Gandhi Memorial Hospital.
3. St. George's Hospital, Bombay.
4. Central Railway Hospital, Bombay.
5. Irwin Hospital, New Delhi.
6. Government Medical College, Patiala.
7. J.A. Group of Hospitals, Lashkar, Gwalior.
8. Western Railway Hospital, Bombay.

#### *Prosthetic Workshop*

Approximately three-fourths of the ground floor of the Workshop building has been occupied by the Prosthetic Workshop in which all types of orthopaedic appliances are manufactured and fitted. In addition to supplying the necessary appliances, the disabled patients are also trained in the use of these appliances. The workshop actually started production on 1st April, 1959 and upto the end of November, 1959, supplied 367 appliances.

Brace clinics are held every Tuesday and Wednesday where the appliances, old and new are checked and repairs or alterations are carried out. So far the services for the repairs of the appliances are given free of charges unless it involves substantial expense to the Institute.

Various types of static and dynamic splints are developed and manufactured in the prosthetic workshop according to the individual patient's requirements.

The Prosthetic Workshop is now ready to receive candidates for training as prosthetists.

One candidate was sent for training from Indore and two more are expected to attend the Institute soon.

Although the work of the vocational training was going on ever since the inception of the Institute, the actual setting up of the Vocational Training Workshop could not be undertaken in the absence of sufficient space. During this year a Vocational Training Workshop has been started, which gives training according to the aptitude and disability of the patients in the following crafts:—

- (1) Plastic moulding.
- (2) House wiring.
- (3) Automobile wiring.
- (4) Carpentry.
- (5) Metal work.
- (6) Bench fitting.

All the international experts have now left the Institute and their work has been taken over by their national counterparts. Two of these counterparts have returned from their training abroad and three more are expected to go for training in 1960.

The Institute gives periodical demonstrations of rehabilitation techniques at various professional meetings and organizations and arranges exhibits to demonstrate the actual rehabilitation of the patients in all its stages.

Twenty-one disabled refugees from Tibet were brought from Missamari to this Institute on the 18th October, 1959 for treatment at the request of the World Veterans Federation. They are housed at the Sarvodaya Convalescent Home. Arrangements for X-ray pathology investigations and surgical and other treatments have been made at the B. Y. L. Nair Charitable Hospital.

In the Prosthetic Workshop experiments are going on for the manufacture of plastic limbs for the lower extremity and flexible sockets for the upper extremity prosthesis.

A new type of ankle joint has been developed in this Institute and is on trial.

A special course in Rehabilitation techniques for Nurses is being introduced from 1960.

#### **9. Central Research Institute, Kasauli**

Central Research Institute, Kasauli, which is basically a research Institute also manufactures biological products and maintains a large collection of bacterial type cultures of pathogenic organisms to meet the need of the country. It carries out supervisory function under

Rule 3A of the Drugs Rules, 1945, and distributes standards for anti-toxins and other biologicals to the manufacturing concerns and laboratories.

The Institute consists of six sections:—

- (1) Bacterial Vaccine;
- (2) Rabies Vaccine;
- (3) Serum Concentration;
- (4) Biological Standardisation;
- (5) Antibiotic; and
- (6) Biochemistry.

All these sections, particularly the Biochemistry and Antibiotic, have been enlarged and reorganized for undertaking more laboratory investigations and meeting the increasing demands under the Drugs Rules.

With the active co-operation of the World Health Organisation, a national Salmonella Centre has been established at the Institute to act as reference laboratory for these groups of organisms isolated in India and to assist state laboratories in the typing and diagnosis of these organisms, and it has investigated 103 strains of Salmonella and 25 strains in Escherichia Coli.

The Field Unit established last year investigated an out-break of suspected Influenza in Delhi and an out-break of Small Pox in Patiala and studied the effect of Serum therapy in a case of human rabies in Chandigarh.

The laboratory for the manufacture of Yellow Fever Vaccine has been completed and is ready to start manufacture soon.

The preliminary work for the introduction of cost accounting system was completed and the system started functioning from 1st April, 1959.

Enquiries on rabies and Cholera, financed by the Indian Council of Medical Research, are being continued at this Institute. Also studies on the improvement of procedures in the manufacture of certain products have been carried out. A regular course of training in the diagnosis, prevention and treatment of Rabies was held at this Institute from 27th April, 1959 to 15th May, 1959 and was attended by 11 medical and veterinary officers nominated by the states and institutions. One officer from the West Bengal Government has been trained in the preparation of Diphtheria Toxoid.

The manufacture of vaccine for the use of Army and Civil Authorities in India was continued. Vaccine for Cholera, T.A.B. and Rabies are the special products manufactured at the Institute. Besides these, preparation of autovaccine, diphtheria toxoid and antitoxin, Snake antivenin, tetanus antitoxin and antirabic serum were also undertaken.

The quantities of vaccine and sera manufactured and issued during the period April, 1959 to October, 1959 are:—

Name of Vaccine and Sera	Manufactured	Issued
1. Cholera Vaccine . . .	11,59,583 c.c.	13,15,571-1 2 c.c.
2. T.A.B. Vaccine . . .	5,83,596 c.c.	5,72,817 c.c.
3. Antirabic Vaccine (Human) . . .	29,84,591 c.c.	29,64,511 c.c.
4. Antirabic Vaccine (Animal) . . .	62,720 c.c.	53,910 c.c.
5. Antirabic Vaccine (Dog) . . .	12,880 c.c.	10,915 c.c.
6. Concentrated Antivenom Serum . . .	8,394 tubes of 10 c.c.	9,389 tubes of 10 c.c.
7. Diphtheria Antitoxin . . .	1,780 tubes of 10000 units	2,120 tubes of 10000 units.
8. Normal Horse Serum . . .	228 tubes of 20 c.c.	180 tubes of 20 c.c.
9. Tetanus Toxoid . . .	6,270 c.c.	8,050 c.c.
10. Antirabic Serum . . .	..	14 tubes of 10 c.c.
11. Curative Vaccines . . .	1,343 doses	1,315 doses

161 samples of biologics products were tested from April, 1959 to October, 1959. 135 were found upto the standard quality and 26 of sub-standard quality. Besides, 62 samples of Pencillin (both injection and ointment) were tested for their potency and other tests as laid down in B.P. and U.S.P.

Cultural and Welfare activities of the staff particularly, of low income group have been greatly improved.

Work have been done on following research programmes:—

- (1) Modified blood level duration test for Benzyl-pencillin with Aluminium Monostearate;
- (2) Improvement in the manufacture of Bacterial Vaccines;
- (3) Preparation of a Polyvaccine against Cholera, Typhoid and Dysentery;
- (4) Use of Antirabic Serum as an adjuvant to Vaccine Therapy;
- (5) Development of a live egg adapted Antirabic Vaccine for immunizing dogs;

- (6) Standardization of Antivenin;
- (7) Immunochemistry of Cholera; and
- (8) Fluorosis studies in Punjab.

#### PROGRAMME FOR 1960-61

In addition to its current activities, it is proposed to start the following projects during the year 1960-61:—

- (a) Construction of Serum Concentration Block.
- (b) Construction of additional stables and syce quarters.
- (c) Construction of a Cold Room in Anaerobic Block.
- (d) Large scale manufacture of Yellow Fever Vaccine (Laboratory is under construction).
- (e) Preparation of Triple Antigen for active immunization against whooping cough, diphtheria and tetanus.
- (f) Preparation of Polyclonal Lyophilized antivenin for snake-bite.
- (g) Manufacture of 'Dry Plasma' and its various fractionated products.
- (h) Establishment of a new Influenza Centre.

Besides the two I.C.M.R. enquiries on Cholera and one on Rabies, it is intended to take up the following additional enquiries of the ICMR during the next year:—

- (a) Preparation of Polyvaccine against Cholera, Typhoid and Dysentery.
- (b) Effect of antibiotics on the nucleic acids and nucleoproteins of vibrio cholera strains.

#### 10. The Department of the Serologist and Chemical Examiner to the Government of India.

The medico-legal analysis of blood and other stains on exhibits seized in connection with the prosecution of Criminal cases for the detection of the origin of blood in these stains, is the principal activity of this department and is a continuation of the examinations to which these items are subjected in the first instance by Chemical

Examiners in States. The results of examinations carried out by the department are used in evidence in criminal cases. Besides the medico-legal analysis, the department also carries out clinical and serological tests for syphilis for medical institutions under the Government of West Bengal including special tests for the examination of expectant mothers.

2. As during last year, there has been a considerable increase in the volume of work, particularly in cases where determination of blood groups is requested. The current year's work will involve over 70,000 examinations.

3. The Antigen Production Unit will be merged with this Department with effect from the 1st April, 1960 and this will then facilitate the work of researches and training of personnel.

## CHAPTER VIII

### *Family Planning*

#### **POPULATION CONTROL (FAMILY PLANNING)**

##### **General**

The Committee of the working group on Vital and Health Statistics of the Planning Commission has estimated that the 1961 census population figures will exceed 430 million and by 1966 the population of the Indian Union will reach the size of 480 million. During 1961-66, the population may increase annually by 10 million with an overall growth of 2.1 per cent per year. It is assumed that general fertility rate of 0.189 (viz. average number of births per female aged 15-44 during one year) consistent with birth-rate of 42 per thousand around 1951 would remain unchanged during 1951-1966. Mortality rate could be taken to be diminishing and the expectation of life at birth would steadily increase from about 32 years in 1951 to 50 years in 1966. With extension of health services, death rates have been reduced and will be further reduced. This will lead to continuance of increase of such growth rates and size of population which would add to difficulties in improving the level of living of the people. In order to ensure health and happiness of the families and to improve the level of living of people, it is necessary that intensive effort should be made to increase our resources but concurrently vigorous efforts should be made to reduce the rate of growth of population. The population problem therefore continues to engage the attention of the Government of India. The main aims of the population policy are (a) to reduce the rate of population growth in order to raise the level of living of the people, and (b) to ensure healthy, happy and fuller family life.

2. The Government of India launched a four fold Family Planning action cum research programme. Against a provision of Rs. 6 lakhs during the First Five Year Plan, a provision of Rs. 497 lakh including Rs. 97 lakhs in the States was made during the Second Five Year Plan. The four important activities of the programme are Service, Training, Education and Research. The tentative figure of expenditure are:—

	Rs. lakhs
Services . . . . .	373.25
Training . . . . .	15.75
Education . . . . .	50.00
Research . . . . .	50.00
Organisation . . . . .	8.00

3. There is a Central Family Planning Board, a Standing Committee, a Demographic Advisory Committee, a Committee on Physiology of Human Reproduction of the Indian Council of Medical Research and a Director, Family Planning at the Centre. The plan provides for a Family Planning Board and a Family Planning Officer in each State.

4. Family Planning programme has made notable progress during 1959-60 and in some States the pace of progress has been considerably accelerated. The progress is largely due to the realistic and dynamic approach, growing co-operation of the State Governments and acceptance of the programme by the people.

5. Family Planning Boards have now been formed in all States except Jammu and Kashmir. Full time Family Planning Officers have been appointed in Andhra Pradesh, Bihar, Bombay, Kerala, Madhya Pradesh, Madras, Mysore, Orissa, Punjab, Rajasthan, Uttar Pradesh and West Bengal. Family Planning work in other states is looked after by their Maternity and Child Health Officers.

#### *6. Expenditure*

The expenditure on Family Planning Programme during the Second Five Year Plan is as follows:—

(Rs. in Lakhs)

Item	First Plan	Second Plan			1959-60 (Up to Dec. 1959)
		1956-57	1957-58	1958-59	
Clinics . . . .	7.99	3.05	16.34	19.98	8.26
Training & Education .	0.40	0.67	2.22	5.04	*31.64 1.58
Research . . . .	3.99	3.99	6.70	5.76	2.60
Organisation . . .	3.44	0.93	0.75	0.72	0.66
<b>TOTAL . . . .</b>	<b>15.82</b>	<b>8.64</b>	<b>26.01</b>	<b>31.50</b>	<b>*44.75</b>

\*In addition a sum of about Rs. 31.65 lakhs has been released as lump sum ways & means advances to State Governments.

#### **Clinics**

The rural clinics are normally attached to Primary Health Centres and urban clinics to M.C.H. Centres and medical institutions.

7. Financial assistance is given to State Governments, Local Bodies and Voluntary Organisations on the following pattern during the Second Plan:—

	State Govt. & Local Bodies	Voluntary Organisations	
		Rural	Urban
<i>Non-recurring</i>	.	100%	100%
<i>Recurring</i>	.	.	.
First Year	.	80%	100%
Second Year	.	70%	100%
Third Year	.	50%	100%
Fourth Year	.	30%	100%
Fifth Year	.	20%	100%

The details of the financial assistance rendered to various organisations in the States are shown in Annexure 'B'.

8. Teaching institutions for doctors and medical auxiliaries are given 100 per cent financial assistance for opening clinics.

9. In rural and urban areas contraceptives are issued free to those with income below Rs. 100 per month, at half price to those whose income is between Rs. 100 and Rs. 200 and at cost price to those with income above Rs. 200 per month. In addition, foam tablets and sheaths are issued free in rural areas irrespective of income group.

10. The Plan provides for opening of 2,500 clinics—500 in urban areas and 2,000 in rural areas, each to serve a population of 50,000, if urban, and 66,000, if rural.

11. The number of regular clinics is reported to be 1,177 (737 rural and 440 urban clinics). These clinics include 21 clinics in medical colleges and 63 in other teaching institutions for medical auxiliaries. Apart from regular clinics, out of 4,163 M.C.H. Centres, 1,318 M.C.H. Centres are also giving advice on Family Planning. Out of 310 districts in the country, 262 districts have Family Planning Clinics. The distribution of contraceptives has now been extended to Primary Health Centres, Hospitals, Dispensaries and Maternity Homes run or recommended by the State Governments where there

are no family planning clinics. It has also been decided to give a token grant of Rs. 1,000 for distribution of contraceptives and to provide all facilities for training and education to all welfare agencies run by employees of labour. The details of the clinics opened are shown in Annexure 'C'.

12. The sale of contraceptives has been increasing since 1956. The sale in 1957 was double the sale during 1956 and the sale during the years 1958 and 1959 was about six times of 1957.

#### *Sterilization*

13. The Central Family Planning Board, recommended the inclusion of sterilization operation in the family planning programme on the merit of each case after careful examination by a qualified doctor with the consent of both husband and wife, in hospitals and institutions where facilities exist.

14. The Central Council of Health at its meeting held in Shillong in January, 1959, recommended that State Governments should intensify the programme including surgical facilities at their hospitals and medical institutions. The Executive Committee of the Medical Council of India and the Indian Medical Association have also supported sterilization.

15. The Ministry of Health have sanctioned extra personnel to strengthen the staff of Safdarjang Hospital for sterilization operations and training facilities.

16. The Ministry of Home Affairs have decided to grant special casual leave not exceeding six working days to Government servants who undergo sterilization operation.

17. Sterilization facilities are being extended in the States especially in Madras and Mysore. The number of sterilization cases reported (which are considered to be under-estimates) in India since 1956 is as follows:—

Year	Male	Female	Total
1946	2,333	5,490	7,823
1957	3,397	9,202	12,599
1958	8,553	15,106	23,659
1959	9,082	10,260	*19,342

\*Information incomplete.

### *Training*

18. The number of persons trained during the First Five Year Plan was 67. During the Second Plan period (upto November, 1959), the number of persons reported to have been trained is 2,691. The details are given in Annexure 'D'.

Training programme includes:—

- (i) A Centre for potential instructor established in Bombay in March, 1957. 290 persons have been trained at this Centre upto December, 1959.
- (ii) A rural Training, Demonstration and Experimental Centre has been developed at Ramanagaram. Since August, 1957, 167 persons have been trained at this Centre.
- (iii) Three training centres for Family Welfare Workers have been sanctioned—one each to Andhra Mahila Sabha, Madras, Matru Sewa Sangh, Nagpur and Kamla Nehru Hospital, Allahabad.
- (iv) 12 Regional Training Centres—one each in Andhra Pradesh, Assam, Kerala, Madras, Orissa and West Bengal, two in Punjab and four in Bombay have been established and 701 persons have been trained.
- (v) A grant of Rs. 18,000 was sanctioned to the Family Planning Association of India, Bombay for a touring training team and 475 persons have been trained.
- (vi) A Family Planning Training Centre is being developed at Delhi.
- (vii) Ad-hoc training courses of short duration are being conducted wherever facilities exist. 1,058 persons have been trained in such courses.

### *Education*

19. The education programme includes:—

- (i) Scheme to collect detailed knowledge of factors which are responsible for Community attitudes, beliefs and behaviour patterns.
- (ii) Identification of natural groups and natural group leaders and use of these as a channel of communication.

(iii) Preparation and testing of basic materials and methods for:-

- (a) Mass Communication
- (b) Community Education
- (c) Imparting specific technical knowledge.

(iv) Training a Corps of Competent Workers.

20. Wide awareness in favour of family planning has been created. 4,45,000 copies of posters, 3,27,400 copies of pamphlets and 3,49,000 folders on various aspects of family planning have so far been published. Films and slides have been produced. Programmes on family planning are broadcast over the radio. Honorary Family Planning Education leaders have been appointed. A monthly bulletin called "Family Planning News" has been started since January, 1960. Grants have been sanctioned to State Governments for Family Planning Education Programme.

21. Children's Day was celebrated in all the clinics on the 14th November, 1959. Family Planning Day was observed throughout the country on the 18th December, 1959.

#### *Research*

22. Provision has been made for demographic medical and biological research and development and testing of contraceptives. The medical and biological research is being undertaken by the Indian Council of Medical Research.

23. A Demographic Training and Research Centre and a Contraceptive Testing Unit has been established at Bombay. Investigations on contraceptives are being carried out at Testing Unit, Indian Cancer Research Centre, Bombay, All India Institute of Hygiene and Public Health, Calcutta, Central Drug Research Institute, Lucknow, Bacteriological Institute, Calcutta, Institute of Post-Graduate Medical Education and Research, Calcutta and Pharmacology Department of Lucknow University. Research on oral contraceptives is in progress. Three demographic research centres, one each at Delhi, Calcutta and Trivandrum have been started.

24. A "Family Planning Third Five Year Plan Committee" under the chairmanship of Smt. Dhanvanti Rama Rau has been set up in the Ministry of Health.

25. The effect of the programme on birth rates is not likely to be evident still for a number of years. But study of C.H.S.S. clinics

patients of Delhi by Demographic Research Centre, Delhi University has shown that the pregnancy rate for the non-contraception-use-period ranged between 62 and 66; for contraception-use-period without clinic service it was 35·2, and for the post-clinic-contraception-use-period it was 10·1 for diaphragm and jelly and 12·6 for all the prescribed contraceptives. This shows that by using contraceptives under clinic guidance, it is possible to reduce expected pregnancies by 80 per cent. This is very encouraging.

26. The main features of the programme for 1960-61 are (i) provision for a large corps of trained workers (ii) extension of education programme for creating the background of acceptance including provision for Family Planning Education Leaders, Family Planning Orientation Camps and production of educational material (iii) provision of family planning services gradually through all Primary Health Centres and Medical Institutions. (iv) research in demography, motivation, medical and biological including oral contraceptive.

## **CHAPTER IX**

### **Indigenous Systems of Medicine**

#### **1. Development of Indigenous Systems of Medicine**

In the Second Five Year Plan of the Central Government, a provision of Rs. 100 lakhs has been made for the development of Indigenous Systems of Medicine *viz.* Ayurveda, Unani, Homoeopathy and Nature-Cure. A provision of Rs. 521·83 lakhs has also been made in State Plans for the development of Indigenous Systems of Medicine, out of which a sum of Rs. 221·49 lakhs has been earmarked for the improvement of existing colleges and establishment of new colleges.

So far as the scheme included in the Health Ministry's Second Five Year Plan is concerned, Central assistance is given on the following basis during the Plan period:—

- (i) to meet the recurring cost of maintenance of research beds in selected institutions for approved research schemes at the rate of Rs. 2,000 per bed per annum,
- (ii) for *ad hoc* research schemes on merits of each scheme, and
- (iii) for improving the existing teaching institutions and for the establishment of new teaching institutions in States. Central assistance will be given for the improvement of such teaching institutions which have been included in State Plans. The pattern of Central assistance for this purpose will be 75 per cent. of the non-recurring expenditure (including the cost of expansion of college buildings) subject to a ceiling to be fixed by the Government of India and 50 per cent. of the recurring expenditure on the college (and not the hospital) during the Second Five Year Plan.

State Governments were informed of this scheme in March, 1957, and a number of proposals have been considered in the past and in the year under review.

**2. The three Advisory Committees on Ayurveda, Unani and Homoeopathy continued to function.**

3. In October, 1959, however, the Advisory Committee on Ayurveda was replaced by a Central Council of Ayurvedic Research in pursuance of a recommendation of the Committee to assess and evaluate the present status of Ayurvedic System of Medicine under the Chairmanship of Dr. K. N. Udupa. The report of this Committee has been circulated to all State Governments, all Ministries of the Government of India and others concerned, including members of Parliament through the Lok Sabha/Rajya Sabha Secretariat. The Central Council of Ayurvedic Research consists of six eminent Ayurveds and two scientists with the Minister for Health as Chairman, the Secretary to the Ministry of Health as Vice-Chairman and the Adviser in Indigenous Systems of Medicine as Member-Secretary.

The functions of the Central Council are to advise the Government of India, Ministry of Health, on the:—

- (i) formulation of a coordinated policy for research in Ayurveda throughout the country;
- (ii) steps to be taken for the stimulation of such research;
- (iii) allocation of Central assistance to institutions (Governmental and Private) carrying on research in Ayurveda under the Central Government Scheme; and
- (iv) Any other matter that may be referred to it.

4. The first meeting of the Central Council of Ayurvedic Research was held on the 18th and 19th December, 1959.

5. The other recommendations of the Udupa Committee are under consideration.

6. Two sub-committees on Homoeopathy and Unani were appointed during the year under review.

The terms of reference of the Sub-Committee on Homoeopathy to re-examine the Research schemes launched by the (1) D. N. De Homoeopathic Medical College, Calcutta, (2) Midnapore Homoeopathic Medical College, Midnapore and (3) Andhra Provincial Homoeopathic Medical College and Hospital, Gudivada. The Sub-Committee have been authorised to visit the institutions, if necessary, and satisfy themselves that the institutions are properly equipped to conduct research on right lines.

The Sub-Committee on Unani is required to chalk out the important items of research in Unani which may be advantageously undertaken by State Governments and other research institutions.

5. A total sum of Rs. 53.29 lakhs was sanctioned upto the end of the year 1952-53 under this scheme. In the year under review apart from the sum of Rs. 15.35 lakh, allocated to various State Governments to meet their expenditure in connection with the establishment/expansion of the institutions engaged in the teaching and research in Indigenus Systems of Medicine in India, namely, an additional sum of 7.75 lakh L.R.D. is sanctioned as grants-in-aid to private institutions for research and development of Indigenous Systems of Medicine.

The grants-in-aid to the State Government institutions and voluntary agencies for research in Indigenous Systems of Medicine regarding the existing teaching institutions, on the recommendations of the State Governments and according to the pattern of assistance laid down by the Government of India. Grants to Government institutions are adjusted against the ways and means advances to State Governments as decided by the working Group of the Planning Commission before the commencement of the financial year. Requests for payment of grants to Ayurvedic Institutions are scrutinised by the Advisory Committee on Ayurveda now replaced by the Central Council of Ayurvedic Research and those in respect of Homoeopathic and Unani institutions by the Advisory Committee on Homoeopathy and Unani. Before sanctioning the grants, the work done at the various institutions is reviewed, and the grants are sanctioned if they are recommended by the State Governments and the work previously done is found satisfactory. Utilisation certificates are sent to the audit authorities concerned at the appropriate time. The accounts of the institutions, whose grant exceeds Rs. 1.0 lakh, are audited by the Accountant Generals of the States concerned.

## **2. Central Institute of Research in Indigenous Systems of Medicine, Jamnagar.**

The Central Institute of Research in Indigenous System of Medicine, Jamnagar, was established, by the Government of India in association with the Gulab Kunwarba Ayurvedic Society in 1953. The Institute is in charge of a Director. The administrative control of the Institute vests in a Governing Body.

Research policies and programmes of the Institute are formulated by a Scientific Advisory Council.

The Institute has undertaken the following work:-

- (i) the study of Pandu Roga, Grahaniroga (Chronic (Diarrhoea), Jalodhra (Ascites), and Amavata Cases, Krimiroga (Ascariasis), Tamakshwasa (Asthma) Kalanja Padai (Skin Diseases).

- (ii) Identification of crude Ayurvedic drugs, plants and herbs; cultivation of medicinal herbs, etc.

In addition to the Ayurvedic and Modern Sections, a new "Siddha" Unit was started during the year 1956-57.

The following diseases were selected for study by Ayurvedic, Siddha and Modern medical units this year:

1. Grahanī Rogā (Chronic Diarrhoea)
2. Udara Rogā (Abdominal diseases)
3. Amavata (Rheumatic conditions)
4. Krimiroga (Ascariasis), and
5. Tamaka Savasa (Asthma).

The first three are studies at hospital level and the latter two at the out-door level.

195 cases were studied from April to November, 1959. During the same period, 28304 patients were examined in the out-patients department. The medicines prescribed were only Ayurvedic and Siddha medicine.

There were 8 cases of Grahanīrogā, 7 cases of Atisara and 8 cases of Amlapitta. Panchmrit Parpati given orally gave good results in Grahanī cases and Bilwachurna was useful in Atisara cases. Relief was noted to a certain extent by Shriawari swarasā, Cuduchi swarasā and Chhinodbhavadi kwath in Amla Pita cases.

There were four cases of Ascites. Fluid loss in urine and stool was marked after administration of Punarnava Mandur, Arogya Vardhani and punarnavastak kwath.

Ten patients were treated for Ascariasis with Palash bija either in the form of Palash bija churna, Palash bija kwath or Palash bija Ghanavati. The expulsion of round worms was noted in all cases. Other findings are being analysed.

The distribution of hospitalised cases according to admission and discharges from the wards is tabulated below:

	No. of cases
1. Patients in the ward on 1st April, 1959.	37
2. Patients admitted from 1-4-59 to 31-3-59.	245
3. Total number of cases for 1959-59.	282
4. Patients in the ward on 1-4-59	35
5. Patients discharged from the wards between 1-4-59 and 31-3-59.	247

A quarterly Bulletin both in English and Rundi from the Institute has been started with effect from October, 1959. Twelve original contributions based on the actual work done in the Institute are included in the Bulletin.

There were 31 clinical meetings arranged for discussion between the Ayurvedic, Siddha and Modern teams. The exchange of views as regards the diagnosis, treatment and fundamental study was of far reaching importance as a basis for further study.

The Programme for the year 1960-61 will be as follows:—

In addition to the diseases already taken, the following items of research are proposed to be taken up:—

1. Literary Research.
2. Dietetic Research.
3. Panch-Karma therapy.
4. Monographs on Pandu and Dhatukshaya.
5. Preparation of a text book on Clinical methodology.

A grant-in-aid of Rs. 3·50 lakhs has been sanctioned to the Institute.

This institution is governed by a Governing Body of their own and the budget estimates are prepared by the Governing Body and checked and approved by the Ministry of Health with the concurrence of the Ministry of Finance. Utilisation certificate is forwarded to the audit authorities at the appropriate time. The accounts of these institutions are audited by the Dy. A.G., Rajkot, Bombay State. The work done in this institution is commensurate with the grants sanctioned to them.

### **3. Post-Graduate Training Centre in Ayurveda, Jamnagar**

In collaboration with the Government of Saurashtra (now Government of Bombay) and the Gulab Kunverba Ayurvedic Society, Jamnagar, the Government of India established in July, 1956, a Post-Graduate Training Centre in Ayurveda, Jamnagar. The Administrative control of the Centre vests in a Governing Body whose constitution is the same as that of the Central Institute of Research in Indigenous Systems of Medicine, Jamnagar. Twentyfive students selected on an all-India basis, are admitted every year for Post-Graduate Training in Ayurveda at this Centre. The course lasts for two years and every student is given a stipend of Rs. 100 per month.

So far 15 students qualified in 1958 and 19 in 1959 making a total of 34 from 12 States. Most of the Post-Graduates qualified from the Centre are engaged either as teachers or as research workers at various Institutions in different States. In the current year 22 senior students and 25 new entrants are undergoing training.

2. There is a hospital attached to the Centre with a bed strength of 25. It is proposed to add 25 more beds from April 1960, which will provide more clinical material to the students. During the year 1953-59 1,85,360 patients were treated in the C.P.D. and 16,000 as inpatients, working out a daily average of 534 and 43.8 respectively. "Panch Karma" treatment was made available to deserving patients.

3. There are 14 members on the teaching staff headed by a Principal. There are four departments of teaching, viz., Kayachikitsa and Sharir Rasa Shastra and Bhaisjaya Kalpana, Dravya Guna and Basic Principles and Charak.

4. The land and buildings of the Sajuba and Tejiba Hospitals have been purchased from the Government of Bombay for the activities of the Centre at a cost of Rs. 5.16,279. Expenditure on the maintenance of the Hospital attached to the Centre is borne by the Government of Bombay and the Central Government on 50 : 50 basis subject, however, to the condition that the Bombay Government share will be limited to Rs. 1,50,000 per annum.

5. The Pharmacy Department of Centre is engaged in the preparation of drugs for the use of the attached Hospital, apart from providing teaching facilities. It has already manufactured more than 1,000 recipes of various kinds.

6. A Refresher Course for a period of 3 months is proposed to be started during the Summer Vacation when teachers from recognised Government Institutions will be given training in individual subjects.

7. It is proposed to undertake the publication of one text book on one subject in Ayurveda during 1960-61.

8. In addition to the 25 thesis submitted by students last year and approved, another 18 have been approved by the examiners.

9. At the Museum of the Centre, 400 specimens were collected. A botanical excursion to Girnar forest was arranged and about 200 fresh specimens of herbs were collected.

10. There is a proposal to start a two-monthly magazine at the Centre, in which the scientific work done at the Centre and valuable extracts from approved thesis will be included.

11. The Pharmacy Department will complete all the sanskaras on Mercury and will attempt the preparation of Talashha Makaradwaj—a compound of gold, mercury and Sulphur.

This institution is governed by a Governing Body of their own and the budget estimates are prepared by the Governing Body and checked and approved by the Ministry of Health with the concurrence of the Ministry of Finance. Utilisation certificate is forwarded to the audit authorities at the appropriate time. The accounts of these institutions are audited by the Dy. A.G., Rajkot, Bombay State. The work done in this institution is commensurate with the grants sanctioned to them.

## **CHAPTER X**

### **1. Drugs Control**

The major achievements of the Drugs Standard Control Organisation during the year under review are:—

1. Publication of the National Formulary of India (It is under print now and is expected to be available by the end of March, 1960).
2. Completion of the supplement to the Indian Pharmacopoeia, which is under print.
3. Introduction of the Drug Control Machinery in the State of Rajasthan and the Telangana area of Andhra Pradesh.
4. Adoption of measures to ensure closer liaison with the drug trade and industry in order to achieve a better and smoother enforcement of the Drug Standard Control.
5. Assistance to State Governments in Drug Standard Control measures.
6. Provision of greater facilities for the testing of drugs under the Drugs Act.
7. Liaison with the Ministry of Commerce and Industry in matters relating to Import Trade Control Regulations and the development of the drug industry, and
8. More rigid control over the distribution and import of narcotic drugs.

A detailed account of the activities is set out below. The Drugs Act and the Rules thereunder were operative throughout the country except the State of Jammu and Kashmir. The requisite machinery for the enforcement of the Act was established in Rajasthan and in the Telangana area of Andhra Pradesh.

There was no change in the administrative set up of the Drugs Control Organisation at the Centre. The Drugs Controller, India, who is the 'Licensing Authority' for purposes of imports of drugs was assisted by a Deputy Drugs Controller (India) and two Assistant Drugs Controllers at the headquarters and an Assistant Drugs Controller (India) each, at the ports of Bombay, Calcutta and Madras and a Technical Officer at the port of Cochin.

Bombay, Madras, Calcutta and Cochin continued to be the ports of entry for import of drugs by sea. There was no change in the other points of entry for drugs into the country.

A strict check was exercised by the officers at these ports over the quality of drugs imported into the country by sea air and post. The number of samples drawn for examination from imported consignments from 1st April to 31st December, 1959 was 2,372. Of these, 102 samples were found to be of standard quality. The remaining 2,270 samples were found to be of standard quality. The following is the list of standard quality in these mainly consists of hormones (13), other drugs (25), Chemotherapeutic (2), Antibiotics (1), Oestrenes (1) and hormones (1). Since biological products such as Serums, Vaccines, Vitamins, Hormones etc are likely to deteriorate on prolonger storage conditions sample of such products were drawn from the premises of importers under Rule 26 of the Drugs Rules at frequent intervals and sent for test. Out of the 116 such samples drawn during the period under review 7 were reported to be not of standard quality and these mainly consisted of vitamins (3), Biological Products (2), Antibiotics (1) and Hormone (1).

The Drug Standard Control officers at the ports inspected the premises of 130 importers during the period, 1st April to 31st December 1959, to ensure that the premises were adequately equipped for stocking drugs which required special Importer's Import Licences were issued in those cases where the premises of importers were not found adequate.

## 2 Import of New Drugs

During the year 1958-59, 62 applications for the import of new drugs under rule 30-A of the Drugs Rules were received while, for the corresponding period during the year under review 82 applications were received. Detailed literatures giving particulars of the tests and results of clinical trials carried out with New drugs were called for from the applicants. The medical literature, the results of clinical trials carried out with the drug and other technical material furnished by the manufacturers on the drug were examined and where necessary expert opinion from bodies such as the Indian Council of Medical Research, the Central Drug Research Institute, Lucknow, the Adviser in Tuberculosis and the Director, Indian Cancer Research Centre etc. was obtained. A "Screening Committee" consisting of experts examines the toxicity, dosage etc. of these New drugs and advises whether further clinical trial should be carried out in the country. Only those drugs in respect of which there is evidence available about efficacy and harmlessness are permitted to be imported. No drug which is not permitted to be sold in the country of origin is given permission for import.

The "New Drugs" permitted to be imported under Rules 30-A during the period 1st April to 31st December, 1959 covered a wide range of drugs in the field of Chemotherapy and comprised, among others, five anti-infective drugs, three diuretics, two anti-amaeobic drugs, two anaesthetics, two hormones for protein anabolism, two tranquillizers, a drug for leprosy, a drug for Parkinson's disease, a drug for cataract operation etc.

During the year 1958-59, drugs worth Rs. 12,93,77,990 were imported, while from 1st April to 31st December, 1959 the value of drugs imported into the country was estimated to be to the tune of Rs. 10,50,87,391.

### **3. Drugs Consultative Committee**

The Drugs Consultative Committee which consists of representatives from the Central and State Governments advises on matters tending to secure uniformity of administration of the Drugs Act in the country. It was decided that more meetings of this Committee should be held so as to enable State Drug Control Officers to discuss their mutual difficulties and exchange ideas.

The sixth meeting of the Drugs Consultative Committee was held on the 6th of November, 1959 at Lucknow. The salient recommendations of this committee were:—

1. A provision should be made in the Drugs Act or the rules empowering the Licensing Authority to examine the composition and dosage of preparations proposed to be manufactured and refuse licences if such preparations are therapeutically of no value or harmful.
2. Scope of rule 110 of the Drugs Rules should be amplified to cover Schedule C(1) drugs.
3. Schedule J to the Drugs Rules should be brought in line with the Schedule to the Drugs and Magic Remedies (Objectionable Advertisements) Rules.
4. The scheme of "Loan Licences" should be reviewed by an *ad-hoc* Sub-committee.

### **4. The Drugs Technical Advisory Board**

The annual meeting of the Drugs Technical Advisory Board was held on the 10th December, 1959. The Board which is a statutory body and which advises the Central and State Governments on technical matters arising out of the administration of the Drugs

Act and the Rules thereunder, examined a number of proposals for the amendment of the Drugs Rules. Some of the important recommendations made by the Board were:—

1. For the purpose of manufacture of drugs under the Drugs Rules provision should be made for the approval of foreign qualifications of the persons who might be engaged as the incharge of the manufacturing operations. The approval of the foreign qualifications should however vest in the Central Government.
2. The Indian Pharmacopoeia should be the sole book of standards under the Drugs Act and the Rules thereunder for drugs included in it. In respect of other drugs the standards shall be those laid down in the pharmacopoeias of the country of origin.

A number of sub-committees of the Board functioned during the year working on various subjects. The Poisons Sub-Committee prepared a uniform list of non-drug poisons which might be controlled by State Governments under the Poisons Act, 1919, and also finalised a list of poisons which should be controlled under the Drugs Act and the Rules thereunder. The Veterinary Biological Products Sub-committee has been examining the general question of bringing veterinary drugs within the scope of the Drugs Act. In particular, this Sub-committee has been examining the special provisions that required to be introduced in the Drugs Rules for controlling veterinary biological products.

Another *ad hoc* Sub-committee worked on the minimum requirements of accommodation, equipment and other pre-requisites that should be complied with by manufacturers of biological and non-biological products.

A consolidated list of draft amendment to the Drugs Rules was published. Among other things, this list of amendments contained a definition for the term "Registered Medical Practitioner" for the purpose of the Drugs Rules. Provisions for repacking of drugs have been introduced and special concessions in regard to licence fee, equipment, technical personnel -etc. have been prescribed for repackers. The grant of "warranties", by manufacturers or their agents, for drugs sold by them have been made compulsory.

Another list of amendments to the Drugs Rules was published for eliciting comments from the public.

### **LIAISON WITH THE DRUG TRADE & INDUSTRY:**

The Ministry of Health have been holding frequent discussions with the representatives from the drug trade and industry on the difficulties encountered by the latter in complying with the provisions of the Drugs Act and related Central Government legislations. These Conferences have been very successful and have been welcomed by the trade and the industry as providing a valuable opportunity for bringing together the Drug Standard Control officials and leading members of the trade and industry to a common forum for discussions of mutual difficulties. So far, five conferences have been held, the last one being held at Lucknow in November, 1959.

### **MEASURES TAKEN TO COMBAT SPURIOUS DRUGS:**

When the Drugs Act was amended in 1955, a specific provision was introduced to enhance the extent of penalty for manufacturers of spurious drugs. The powers of the Drugs Inspectors were broadened in scope so as to enable them to search the premises where drugs are manufactured, seize drugs etc. without obtaining in advance a warrant from the Magistrate. The offences under the Drugs Act were made cognisable.

Side by side with the tightening of the provisions under the Drugs Act, the State Governments were advised to constitute Anti-Spurious Drugs Committees for enlisting the support of prominent citizens and members of the trade for the campaign.

With a view to intensifying the drive against the menace of spurious drugs it is proposed further to amend the Drugs Act to provide for compulsory imprisonment of one year to those who are convicted for the manufacture or sale of spurious drugs. Powers are also being acquired by the Central Government to enable them to appoint Inspectors who will work in close collaboration with the State Drugs Inspectorates and help keep a check on the quality of drugs manufactured in the country.

### **ADMINISTRATION OF THE DRUGS ACT IN THE STATES:**

Except in the States of Bombay, Kerala, Madhya Pradesh and Punjab where there are whole-time State Drugs Controllers, the provisions of the Drugs Act were enforced in the remaining States by the heads of Medical and Public Health Departments who functioned as State Drugs Controllers and Licensing Authorities in addition to their own duties. A quarterly progress report setting out the progress on the enforcement of the Drugs Act in the States is compiled from material received from the State Drugs Control

authorities and circulated to the States for their information. During the period under review the Drugs Act was extended to the Telangana Area of Andhra Pradesh and re-enforced in the State of Rajasthan.

#### **ANALYSTS CONFERENCE :**

- Following the resolutions passed at the Second Analysts Conference held in 1957, studies on several crude drugs were initiated after procuring authentic samples from reliable sources.

The shelf-life of vitamin preparations was also studied. A number of pharmacopocial vitamin preparations were specially got processed and distributed to the collaborating laboratories to be tested at quarterly intervals over a period of two years to study the loss in potency. Similar studies on penicillin ointment and penicillin lozenges were also under way.

These studies will be continued.

#### **5. Indian Pharmacopoeia Committee**

The tenure of the Indian Pharmacopoeia Committee expired in November, 1959 and the Government of India, Ministry of Health extended the term of the Committee for a further period of one year.

The addendum to the Indian Pharmacopoeia, which would bring within the scope of the first edition of the Indian Pharmacopoeia the latest drugs in the field, was completed and sent to the press for print.

Work on the compilation of the second edition of the Indian Pharmacopoeia was vigorously pursued. A list of drugs to be included in the next edition was finalised by the Indian Pharmacopoeia Committee and draft monographs were being finalised in consultation with the various Sub-committees. Eleven sub-committees have been examining the monographs.

A notable feature in the next edition of the Indian Pharmacopoeia would be the inclusion of certain established drugs and remedies from the indigenous system of medicines such as Ayurvedic and Unani. A special Sub-committee has been working on this aspect. A list of those medicinal plants and medicines from the indigenous systems of medicine to be included in the Indian Pharmacopoeia has been finalised. Necessary action to draw up the standards for these items is being taken in hand.

The second edition of the Indian Pharmacopoeia, it is expected, will be sent to the press by about the end of 1960.

### **6. Central Drugs Laboratory, Calcutta**

The Central Drugs Laboratory is a statutory institution set up under the Drugs Act 1940 to analyse or test such samples of drugs as may be sent to it under the various provisions of the Act and the rules made thereunder, and to carry out such other duties as may be entrusted to it by the Central Government or with the permission of the Central Government, by a State Government after consultation with the Drugs Technical Advisory Board. Besides acting as the official referee in matters of dispute regarding the composition of drugs when these are referred to the laboratory by courts of law and Customs Collectors, it also acts as the Analytical laboratory under the Drugs Act for those States which have no laboratory facilities of their own. Recently the laboratory has been engaged in the work of establishing 'Indian Reference Standards' with a view to conserving the limited supply of International Standards available for distribution through this laboratory which is the National Control Centre for distribution of International Standards. This work is of great importance and is in progress for the present.

3,895 samples were received in the laboratory for testing during the year 1958-59. 3,766 samples were analysed of which 3,278 samples were found conforming to the standard specifications, 9 samples identified and the rest 479 samples were found to be substandard. 636 samples belonged to Medical Store Depot and 275 were Drugs Cases.

The training of candidates sponsored by the State Governments as well as representatives from the trade in analytical work is also undertaken by the Central Drugs Laboratory. Two candidates were trained at the Central Drugs Laboratory during the year in Biochemistry and Pharmacology and bioassay.

Construction of a well-organised Animal House in the Central Drugs Laboratory estimated at a cost of Rs. 1,09700 was in progress. The work is likely to be completed before the close of the current financial year.

### **7. Import of Essential Drugs**

The import policy in regard to drugs and medicines continued to be revised by the Chief Controller of Imports and Exports in consultation with this Directorate at intervals of six months. It was revised in April, 1959 and October, 1959. The policy is framed keeping in view the demand, essentiality, indigenous production capacity and price factor. The object generally was to ensure that essential drugs were made available in adequate quantities to the people at reasonable prices. The endeavour was always to obtain within the limited

foreign exchange available as many and as much of the essential drugs as possible. This was achieved by shutting off imports of non-essential patent and proprietary medicines and by allowing, as far as possible, the import of essential drugs only in the bulk form for being processed into finished products in the country.

The import policy for the last two periods, *viz.*, April/September, 1959 and October, 1959/March, 1960 did not permit of the import of patent medicines. Even the essential drugs which were listed in the Red Book were as far as possible, allowed to be imported only in bulk to be further processed into this country. Although the policy did not permit any imports of patent medicines, still there was a provision in the policy for endorsement of the licences of established importers with drug or drugs which were essential and which could not be either manufactured in this country from bulk raw materials or whose manufacture was uneconomical.

The level of imports of essential drugs now permitted under the Import Trade Control Regulations should be adequate to meet the normal requirements of the country. The D.G.H.S. keeps a constant watch over the demand and supply position of essential drugs in the market and where the need arises, special measures are taken in consultation with the Chief Controller of Imports to provide adequate stocks of drugs and medicinal equipment.

### **8. Drugs and Magic Remedies (Objectionable Advertisements) Act**

The Drugs and Magic Remedies (Objectionable Advertisements) Act, 1954 came into force from the 1st April, 1955. The legislation was enacted with a view to counteracting the increasing danger to public health consequent on people taking recourse to indiscriminate self-medication with drugs, appliances and magic remedies advertised in the lay press, particularly for certain diseases and conditions specified in Section 3 of the Act and in the Schedule to the Rules thereunder. The Act is administered by the Central and State Governments.

Under the Act, advertisement in any form in respect of the specified diseases is prohibited save with the previous sanction of the Government, who may, in particular cases, allow the publication of certain specified advertisements if it is considered to be in public interest. Thus, in view of the importance attached to Family Planning, advertisements of contraceptives are permitted subject to certain conditions, under Section 14(1) (d) of the Act, on individual merits. So far, advertisements of five contraceptives have been permitted pursuant to the above policy.

The import and export of "Objectionable Advertisements" was controlled in close liaison with the Customs and Postal authorities who, under Section 6 of the Act, can intercept articles suspected to contain objectionable advertisements. The Assistant Drugs Controller (India) at the ports and the Technical Officer, Cochin, were appointed as officers by the Central Government for the purpose of Rule 5(1) of the Drugs and Magic Remedies (Objectionable Advertisements) Rules, 1955, to advise the Customs Collectors in this regard. Liaison is also maintained with Indian Embassies, High Commissions, Legations and Consulates abroad with a view to keeping a watch on advertisements by parties from India appearing in foreign countries and to report to the Drugs Controller, India details regarding such offences. In such cases, the Drugs Controller, India, advised the State Authorities to take necessary action against the parties.

Since the enforcement of the Act, 94 prosecutions have been launched throughout the country for infringements of the provisions of this Act.

#### **9. Development of the Indigenous Pharmaceutical Industry**

The Drugs Controller (India) also functions as the Industrial Adviser for Pharmaceuticals and Drugs in the Ministry of Commerce and Industry. The intention is that the technical advice of the Drugs Controller (India) should be available on schemes for the development of the drug and pharmaceutical industry in this country, a subject with which the Ministry of Health is closely concerned.

Proposals for manufacture of drugs in this country are scrutinised by the Drugs Controller (India) who comments on the essentiality of the items involved and also on other terms and conditions of manufacture such as price, procurement of raw material, royalty etc.

#### **Budget of the Central Drugs Control Organisation**

The Budget provision sanctioned during the year 1959-60 in respect of Central Drugs Standard Control Organisation is as under:—

	Rs.
1. Drugs Standard Control Organisation at the Centre	1,74,000
2. Drugs Standard Control Organisation at the ports	1,27,300
3. Drugs Technical Advisory Board	10,800
4. Indian Pharmacopoeia Committee	41,300
	<hr/> <hr/>
	3,51,300

A Budget provision of Rs. 3,72,300 has been sanctioned for the year 1959-60 in respect of the Central Drugs Laboratory, Calcutta.

## PROGRAMME FOR 1960-61

### Preamble

Regarding programme of action for the year 1960-61 attention of the Organisation will be concentrated on measures aimed at a more effective enforcement of the provisions of the Drugs Act in the States. In particular—

- (1) It is proposed to request the State Governments to provide competent legal advice to the Drugs Inspectors to enable them to conduct prosecutions and carry out their normal duties in an effective manner and also to encourage the Inspectors to undergo legal training and if necessary to provide for incentives for such of those Inspectors as are considered competent to undergo the training.
- (2) Seminar for the guidance of Drugs Inspectors in the various States is proposed to be arranged. The Inspectors will be given instructions about the minimum requirements that should be insisted upon in the case of manufacture, the advice that should be given to parties which propose to set up manufacturing establishments and the particular aspects of records and test reports that should be particularly attended to by them in the course of their normal work.
- (3) A suitable machinery for screening advertisements contravening the provisions of the Drugs and Magic Remedies (Objectionable Advertisements) Act is proposed to be devised, and the State Government will be asked to examine the feasibility of establishing a close liaison between the State Drug Control authorities and the State Press Information Bureau so that the latter may keep a note of the advertisements and send to the former authorities, copies of the advertisements as would in their opinion attract the provisions of the Drugs and Magic Remedies (Objectionable Advertisements) Act. It is also proposed to control such advertisements in the States in which they are published.
- (4) Officers of the Drugs Standard Control Department are proposed to be sent on deputation abroad to study Drug Control Administration and such deputation might be sponsored under the Colombo Plan or W.H.O. Scholarships.
- (5) Necessary assistance in regard to the setting up of testing Laboratories in those States who do not at present have such laboratories of their own is proposed to be given

by extending the facilities for testing of sample of drugs available at the Central Drugs Laboratory, Calcutta, Central Research Institute, Kasauli, or the All India Institute of Medical Sciences, to such States.

#### DRUGS TECHNICAL ADVISORY BOARD—PROGRAMME FOR 1960-61

(1) The Drugs Technical Advisory Board will examine the nature of control that should be exercised over radio active isotopes under the Drugs Rules.

(2) The Board will review the newer drugs that will be marketed in this country with a view to classifying them under the various Schedules in the Drugs Rules, such as the list of Poisons, list of drugs which require to be dispensed against prescriptions of Registered Medical Practitioners etc.

(3) The draft amendments to the Drugs Rules that will be necessary for the purpose of controlling the veterinary products will be drawn up by the Board.

(4) The Board will also examine the extent of control that can be exercised over Homoeopathic drugs in general within the framework of the Drugs Act. A sub-committee which has been formed for this purpose will ascertain the views of the medical practitioners in the Homoeopathic system and will make necessary recommendations to the Board. The intention is that though Homoeopathic drugs cannot be analysed for the content of active ingredients, whether control in respect of other aspects such as the conditions of manufacturing premises, the staff engaged in the manufacture of preparations such as Injectibles, etc., is possible.

(5) The Board has collected the data regarding the life period of various drugs. On the basis of the data so collected the Sub-Committee of the Board formed for this purpose will finalise a list of drugs and the period upto which these can be expected to retain their potency. Necessary rule in the Drugs Rules would be incorporated on the basis of this list by the Board.

(6) The Board will examine the list of permitted colours which are being used in the U.S.A. and the U.K. in food and drugs and on the basis of this information will revise the relevant rule in the Drugs Rules permitting the use of colours in drugs.

(7) The Drugs Technical Advisory Board will keep in close touch with the problems arising out of the administration of the Drugs Act and the Rules in the States through the Drugs Consultative Committee on which are represented the State Drugs Control Authorities and the Drugs Controller (India) and the Deputy Drugs Controller (India). This liaison will enable the Board to assess what changes would be necessary in the Drugs Rules.

#### **DRUGS & MAGIC REMEDIES (OBJECTIONABLE ADVERTISEMENTS) ACT**

As a result of Writ Petitions filed by certain parties under Article 32 of the Constitution challenging the validity of the Act, the Supreme Court, in its judgment dated 18th December, 1959, has held Section 8 and part of Section 3(d) of the Act as void. Consequently, the Schedule to the Drugs and Magic Remedies (Objectionable Advertisements) Rules has been rendered negatory and certain procedural parts connected with Section 8 have become inoperable. The question of plugging the lacunae brought to light by the Supreme Court's judgment by amending the Act is under consideration.

#### **10. Pharmacy Council of India**

##### **General—**

The most outstanding development during the year under review, so far as the Pharmacy Council of India is concerned, is the amendment of the Pharmacy Act whereby its provisions were extended to the whole of the country excluding the territory of Jammu & Kashmir. This marks a new milestone in the field of Pharmacy education and profession. Hereafter one yardstick will be employed for determining the standard of training imparted to pharmacists throughout the country. Uniform set of regulations will operate throughout the country for regulating the profession of Pharmacy.

Fresh elections and nominations were conducted for the Pharmacy Council of India, during the year, and Government of India, Ministry of Health, notified a new list of members in the Council on the 19th of December, 1959 *vide* notification No. 7-23/59-D.

##### **Education of Pharmacy**

During 1959-60 the Pharmacy Council of India concentrated its attention mainly on opening new institutions for the training of pharmacists. So far five State Governments, four Universities and two private institutions have started courses of study for the Diploma in Pharmacy.

The Council prepared, for the guidance of State Governments, a Model Scheme for an Institution to provide for the Diploma in Pharmacy course. This scheme was circulated to State Governments in

order to assist them in planning the establishment of institutions for Diploma in Pharmacy Course.

Side by side with the academic training of pharmacists the Council felt that emphasis should be laid on the practical training of student pharmacists. The Council considered that it would be ideal if student pharmacists could be provided with facilities for acquiring practical training in pharmacy concurrently with the academic training. With this object in view the Council also prepared a Model Scheme for Hospital Pharmacy. This scheme was also circulated to State Governments who were requested to explore the possibility of setting up Hospital Pharmacies in those centres where the institutions for providing the courses of study in pharmacy are established.

As usual, special attention was paid to the aspect of maintaining a high standard of training for student pharmacists. The Inspectors of the Council attended at three examinations and reported on the standard of training attained by the students. Five inspections were carried out during the year, including primary inspections. The Pharmacy School, Patna was a new institution which applied for approval of its courses of study. Inspection of this institution was completed and the report will be considered by the Council at its next meeting.

During the year, approval, under section 12 of the Pharmacy Act, was granted by the Council to the Diploma course of study in Pharmacy conducted by the Christian Medical College, Vellore.

The Council advised all private institutions providing courses of study in pharmacy to affiliate themselves either to a university or to a body constituted by Central or State Government so as to raise the status and employment value of the diploma granted by them. The Christian Medical College, Vellore was assisted by the Council to affiliate itself to the Examining Body constituted by the Madras Government for conducting the Diploma in Pharmacy course examination.

The Pharmacy Council also prepared a note for the guidance of educational institutions setting out its views on the qualifications and experience of the examiners for the Diploma in Pharmacy examination and also for the teachers in the various subjects.

In order to draw the attention of the general public to the prospects that are open to pharmacists and with a view to attracting the best talents to the profession of Pharmacy, the Council constituted a sub-committee to prepare a career pamphlet, which is under compilation.

The Pharmacy Council of India provisionally approved of a number of institutions for the purpose of providing practical training to student pharmacists. The Council sought the help of the State Drug

Control authorities to screen such institutions with a view to ensuring that they had the proper equipment, staff, books etc. for providing practical training to student pharmacists. Permanent approval to these institutions will be considered only if they are found adequate from all angles.

*Budget Estimates.*

The budget provision for the Pharmacy Council of India for the year 1959-60 was Rs. 39,800/- . Receipts from the State Pharmacy Council under section 44 of the Pharmacy Act amounted to Rs. 25,520/-.

**PROGRAMME OF THE PHARMACY COUNCIL OF INDIA FOR THE YEAR 1960-61**

The Pharmacy Council of India will concentrate its attention on the following programme of action during 1960-61.

(1) Consequent on the extension of the Pharmacy Act throughout the country steps will be taken to see that the legislation is enforced on a uniform basis in all the States. The State Governments of Kerala, Mysore and Rajasthan will be assisted to enforce the provisions of the Act and to set up machinery for registration of pharmacists. Problems arising out of the re-organisation of States will require to be attended to by States such as Bombay, Punjab, Andhra Pradesh etc. The Pharmacy Act will have to be enforced in parts of these States and the advice in this matter will be given by the Pharmacy Council of India.

(2) The efforts of the Council will be mainly directed towards prevailing upon the State Governments to start at least two Model Institutions in each State for providing courses of study in Pharmacy on the basis of the Model Scheme prepared by the Pharmacy Council.

(3) A scheme for a Model Hospital Pharmacy has been prepared by the Pharmacy Council of India. It has been circulated by the Central Government to the State Governments for their guidance. The State Governments will be prevailed upon to start at least two Model Hospital Pharmacies in leading hospitals having 500 beds or more. Necessary guidance and further advice will be given to them.

Intensive publicity will be carried out through the State Pharmacy Councils in the regional languages through the medium of the press and the radio so as to attract more students, to the profession.

(4) With the increase in number of the institutions conducting the Diploma course of study it will be necessary to keep a constant watch on the standards of the training provided by them. This aspect will be attended to by resorting to more inspections, particularly, at the time of examinations.

## CHAPTER XI

### PLANNING

#### 1. Health Plans during Second Five Year Plan—Progress upto 1959-60

The total Health Plan for the Second Five Year Plan is Rs. 174 crores (subject to a cut of 5%) as against Rs. 140 crores during the First Plan period. Out of this, 90 crores has been provided in the Centre for the Second Five Year Plan as against Rs. 39 crores during the First Five Year Plan period.

The break up of the 90·00 crores provided in the Health Ministry's plan is as follows:—

	Rs. In Crores
(i) Purely Central Schemes	16
(ii) Water Supply and Sanitation Schemes	34
(iii) Malaria & Filaria Scheme	20
(iv) Medical Education	10
(v) Other Schemes	10
<b>TOTAL</b>	<b>90</b>

2. The Health Ministry's Plan is divided into two categories—Purely Central Schemes and Centrally aided schemes. The Centrally aided schemes have been further divided into two categories—those schemes provision for which is made in the Central Plan and those schemes provision for which is made in the State plans. There are 29 'Purely Central Schemes' and the total Plan provision is Rs. 16·27 crores. There are 33 'Centrally aided schemes' and the total plan provision in the Central Plan is Rs. 73·92 crores (this includes provision for National Water Supply and Sanitation Programme—Urban and Corporations).

3. The expenditure that may be incurred during the first four years of the Second Plan in respect of those schemes for which there is a Plan provision in the Centre, is as under:—

	1956-59 (Rs. in crores)	1959-60	1956-60 Total
Purely Central Schemes	5·39	2·35	7·74
Central Sponsored Schemes	37·23	24·46	61·69
<b>TOTAL</b>	<b>42·62</b>	<b>26·81</b>	<b>69·43</b>

Thus during the first four years, expenditure to the extent of 77% approx. will be incurred.

4. Although there is no plan provision at the Centre in respect of 16 Centrally aided Schemes, Central assistance on accepted pattern is given to the State Governments against the plan provision in the State Plans. A sum of Rs. 11·37 crores has been sanctioned to the State Governments during 1956-59. During 1959-60, a sum of Rs. 4·67 crores has tentatively been allocated for payment to the State Governments.

## 2. Health Survey and Planning Committee.

A committee, designated as the Health Survey and Planning Committee, was appointed, under the Chairmanship of Dr. A. Lakshman-swami Mudaliar, in June, 1959, with the following terms of reference:—

- (i) Assessment (or evaluation) in the field of medical relief and public health since the submission of the Health Survey and Development Committee's Report (the Bhore Committee).
- (ii) Review of the First and Second Five Year Plan Health Projects.
- (iii) Formulation of recommendations for the future plan of health development in the country.

The Committee originally consisted of 16 members; later two more were added.

The inaugural meeting of the Committee was held on 12th August, 1959.

The Committee appointed six Sub-committees for *viz.*

1. Professional Education and Research;
2. Medical Relief, Urban and Rural;
3. Public Health, Including Environmental Hygiene;
4. Communicable Diseases;
5. Population Problem & Family Planning;
6. Drugs & Medical Stores.

The following questionnaires were issued to certain authorities, official and non-official, to obtain their views on specific subjects:

- (1) Questionnaire for the collection of information from a medical college.

- (2) Questionnaire for the collection of information from a medical college of indigenous medicine or homoeopathy.
- (3) Questionnaire regarding urban & medical relief.
- (4) Questionnaire to the pharmaceutical industry (modern medicine).
- (5) Questionnaire to the medical and pharmaceutical professions.
- (6) Questionnaire to the Heads of Health Departments in the States.

In addition, Administrative Medical Officers in all the States were requested to supply information regarding the researches carried on in different research institutions in their States. Other data and notes are also being collected from official and non-official sources including information regarding national health services in a number of foreign countries.

The main Committee and the Sub-committees will visit important institutions connected with health social welfare programmes in different parts of the country and interview official and non-official representatives associated with such programmes.

The Committee visited Punjab in December 1959. The main Committee visited Madras, Madurai, Bangalore, Trivandrum, Mysore, Bombay, Poona, Visakhapatnam, Kakinada and Hyderabad during January and February, 1960. The main Committee will visit Madras in the latter half of January, 1960, and the places to be visited will include Bangalore, Hyderabad and Trivendrum.

### 3. Central Council of Health

In accordance with the decision taken at the Third Health Ministers' Conference held at New Delhi in August-September, 1950, a Central Council of Health was established in August, 1952, under Article 263 of the Constitution of India with the Union Health Minister as the Chairman and the State Health Ministers as members, to consider and recommend broad lines of policy in regard to matters concerning health in all its aspects, such as the provision of remedial and preventive care, environmental hygiene, nutrition, health education and the promotion of facilities for training and research. Seven meetings of the Council have so far been held at Hyderabad in January, 1953; at Rajkot in February, 1954; at Trivandrum in January, 1955; at New Delhi in February, 1956; at Bangalore in January, 1958; at Shillong in January, 1959 and at New Delhi in November, 1959. At the meetings, the Central Council passed resolutions on various subjects which have been or are being implemented in consultation with the State Governments.

The extraordinary meeting of the Central Council of Health was held in New Delhi on the 28th and 29th November, 1959, mainly to take into account the views of the State Governments in the matter of the formulation of Health Schemes for inclusion in the Third Five Year Plan. The Council recommended that not less than 10% of the total Plan out-lay should be provided for 'Health' in the Third Five Year Plan. It also recommended the division of various health schemes in the Third Five Year Plan between National and State Groups, the former category of groups to include Water-Supply and Drainage, Control and Eradication of Communicable Diseases, Training of personnel and other appropriate problems. The Council also passed resolutions on the following subjects:—

- (1) Appointment of a Small-pox Control Commission.
- (2) Malaria and Tuberculosis—Expansion of the domiciliary treatment in the field of T.B.
- (3) Greater Coverage of Leprosy and Filaria Schemes.
- (4) Upgrading and Re-organisation of the District Head Quarters' Hospitals.

#### **4. CENTRAL COUNCIL OF LOCAL SELF-GOVERNMENT**

The fifth meeting of the Central Concil of Local Self-Government which consists of the Union Minister of Health as Chairman and the State Ministers for Local Self-Government and Panchayats as Members, was held at Hyderabad on the 22nd—24th October, 1959. The main recommendations of the Council on non-Panchayat items were:—

- (1) It will not be appropriate to vest the Mayors with administrative powers on the affairs of the Corporations and the execution of policies should be left to the executive.
- (2) Every possible effort should be made to step up the finances of local bodies. The State Governments should take suitable steps to ensure that the recommendations of the Taxation Enquiry Commission were duly implemented. A suggestion that the Corporations be encouraged to undertake comercial enterprises was also commended for consideration of the State Governments.
- (3) Food and water supply should be accorded the highest priority in the 3rd Five Year Plan and steps be taken to ensure that good potable water was made available to every village by the end of that plan.

- (4) Loans for urban water supply should be given interest-free. Attention should be paid to drainage schemes for which financial assistance should be given largely by way of subsidy.
- (5) The State Governments should set up Town Planning Organisations for preparing their Master Plan etc.

#### **5. Medical Council of India**

The Medical Council of India has been reconstituted under the provisions of the section 3 of the Indian Medical Council Act, 1956 with effect from the 6th February, 1960. So far, a grant of Rs. 1,80,000 has been paid to the Council during 1959-60.

#### **6. Indian Nursing Council**

The Indian Nursing Council was first constituted under the Indian Nursing Council Act, 1947, on the 21st April, 1949, in order to establish a uniform standard of training for nurses, midwives and health visitors. This Act was amended by the Indian Nursing Council (Amendment) Act, 1957, which *inter alia* enlarged the membership of the Council and empowered it to maintain an Indian Nurses Register. It also allowed, under certain conditions the temporary registration of nurses possessing qualifications granted by countries with which reciprocity has not yet been established. The Council was reconstituted under the amended Act, in the year 1958.

The Council has taken in hand the work of compiling the Indian Nurses Register which, it is expected, will be completed in the year 1960-61. This register will include the names of all the nurses, midwives, health visitors, auxiliary nurse-midwives, etc., borne on the registers of the State Nursing Councils.

It is expected that in the year 1960-61 a W.H.O. nursing expert will be assigned to the Council for the preparation of curriculum guide for nurses and midwives.

Under the Indian Nursing Council Act, the Council is empowered to conduct inspections of training institutions for nurses etc. in order to see that they meet with the requirements prescribed by the Council for various nursing courses.

#### **7. Dental Council of India**

The Dental Council of India has been constituted under the Dentists Act, 1948 (XVI of 1948) for promoting the cause of dentistry in India, regulating dental education and promoting the development of a high standard of efficiency and of professional ethics. The first session of the Council was inaugurated on the 14th September, 1949.

### **EXAMINATION NO. I ENVISAGED UNDER 34 OF THE ACT**

This examination has been prescribed by the Dental Council of India under the second proviso to section 34(I) of the Dentists Act, 1948 so as to enable a dentist registered on Part 'B' to qualify for registration on Part 'A' of the Dentists Register maintained by the State Board of Health. For the benefit of the dentists training facilities are already being provided at the Dental College and Hospital, Lucknow.

### **EXAMINATION NO. II ENVISAGED UNDER SECTION 34(I) (II) OF THE DENTISTS ACT, 1948.**

This examination has been prescribed for the benefit of those persons who at the time of the preparation of the first Dentists Register in the State could not secure registration and now want to secure registration on part 'B' of the State Dentists Register on the basis of their practice. A scheme to provide training facilities to such dentists has been received and is under consideration.

During the year 1959-60 a provision of Rs. 80,000 was made for the payment of grants-in-aid to the Dental Council of India. Sanction to the payment of this amount in three instalments have already been issued.

#### **8. The Central Medico-legal Advisory Committee.**

The Government of India in consultation with the State Governments set up in August 1955, a Central Medico-Legal Advisory Committee, to advise the Central and State Governments on matters pertaining to medico-legal procedure and practice in India, and to promote the development of new and modern techniques in the field of medico-legal work. The Committee which was initially constituted for three years with effect from the 19th August, 1955, has been re-constituted in December, 1958, for another terms of three years.

2. The Committee has met once during the current year. The recommendation of the Committee that the forensic medicine departments of some of the Medical Colleges be upgraded to provide facilities for postgraduate training in forensic medicine has been brought to the notice of all the State Governments for implementation.

3. With a view to raising the standard of medico-legal practice in the country and to recommend uniform procedure and suggest remedial measures for defects, a Sub-Committee was formed to make a survey and assess the existing conditions in the country. The work of the Sub-Committee is in progress.

### **9. Health Coordination Committee**

The Coordination Committee continues its activities during the year. One meeting was held which was attended by the representatives of all the bilateral and international health agencies functioning in the country together with the officials of the Ministries of Community Development, Finance, the Planning Commission and the Directorate General of Health Services. Important subjects discussed at the meeting were. —

1. Coordination of Rural Training Areas.
2. Smallpox Eradication.
3. Medical Education.

The meetings of the Coordination Committee serve a most valuable purpose in keeping all concerned informed of mutual activities in health field.

### **10. Delhi Development Authority**

#### **(1) Transference of slum clearance work to the Corporation**

It was decided by the Government of India on the 4th March 1959, that all work relating to slum clearance/improvement in the Union territory of Delhi should be transferred from the charge of the Ministry of Health to the Ministry of Works, Housing & Supply and also that the responsibility for the formulation and actual execution of slum clearance projects should be transferred from the Delhi Development Authority to the Corporation. As a corollary to the above, it was decided that for the purposes of Slum Areas (Improvement & Clearance) Act 1956, the Municipal Corporation of Delhi should be declared as the competent authority under section 2(c) of that Act.

The assets and liabilities which the Delhi Development Authority [or its predecessor Authority, viz., the Delhi Improvement Trust/ Delhi Development (Provisional) Authority] had created in connection with slum improvement/clearance work in Delhi have now been transferred to the Delhi Municipal Corporation. The Delhi Development Authority did not therefore formulate or execute any new slum-clearance or slum rehousing schemes during the period under report, but pending actual transfer of the properties etc., continued to execute the Schemes which were already in hand. The position in respect of such schemes which now stand transferred to the Delhi Municipal Corporation is as indicated below:— .

#### **(2) Remodelling of Dujana House—**

Although the Central Public Works Department had been authorised to go ahead with the execution of the engineering works and for this purpose prepared detailed estimates, yet no progress

could be made because persons inhabiting Dujana House were unwilling to vacate the premises in the absence of alternative accommodation close to the present site, which could not be found. Alternative accommodation was offered to them in other places and in transit camps, but this was not acceptable and as a result no progress could be made with this scheme.

### **(3) Construction of tenements in Amrit Kaur Puri.**

The 72 tenements, on which work was started in the previous year, were completed during the year. Land earmarked for the remaining tenements continued to be squatted upon. In order to enable the sanctioned scheme to proceed, it was decided that such of the squatters of the adjoining area as were eligible for subsidized accommodation be moved into the new houses, and the land thus released be utilized for another batch of tenements.

### **(4) Shopping centre in Kilkri.**

Building work on the construction of the shopping centre in the Kilkri rehousing colony, consisting of 46 shops and 42 residential flats above has been completed, and allotments are being made.

### **(5) Construction of 396 houses at Kilkri (II phase).**

The work had been completed in all respects.

### **(6) Shopping centre at Jhilmila Tahirpur**

Work on the scheme had all been completed and action for the allotment of the shops was under way.

### **(7) Construction of Transit Camps**

The sanctioned scheme provided for the construction of 288 single-roomed double-storeyed tenements to serve as transit camps for the accommodation of slum evictees pending their permanent settlement in approved colonies. Work on the scheme was continued during the year and the tenements had been completed at the following sites:—

- |  |          |
|--|----------|
| (a) Bagh Amba (Serai Rohilla)—6 blocks of 12 quarters each (Outfall sewer to be provided by the Municipal Corporation of Delhi)          | 72 Nos.  |
| (b) Padam Chand's land (Serai Rohilla)—6 blocks of 12 quarters each (Outfall sewer to be provided by the Municipal Corporation of Delhi) | 72 Nos.  |
| (c) Andha Mughal—2 blocks of 12 quarters each  | 24 Nos.  |
| (d) Industrial area—10 blocks of 12 quarters each  | 120 Nos. |

These quarters are complete except for water and supply and electric installations.

**(8) Construction of 272 tenements for community service personnel**

Work on the sanctioned scheme for 272 tenements was continued during the year and their progress is as follows:—

(1) Moti Bagh south of Krishan Nagar	40
(2) Main Vinay Nagar . . . .	40 {The building work is com-
(3) East Vinay Nagar . . . .	24 { plete and they are ready for
(4) North of Medical Enclave .	40 l allotment
(5) South of Hindustan Housing Factory	32 The work is complete. The
	quarters will however, be
	ready for allotment as soon as
	the sewer line in the colony
	starts functioning.
(6) Pinjrapole Area . . . .	40 Complete. Occupation only when
	water supply is made available
	in the watermain in that
	locality.

In the 16 tenements proposed at Sewa Nagar, building work on 8 quarters was complete except for electrical installations. The site for the remaining 8 quarters is still to be approved by the Town Planning Sub-Committee.

In the case of 40 tenements at Pandara Road, the masonry work has been completed and the work on sanitary and water supply installations has been commenced.

**(9) Construction of approach road to Jhilmila Tahirpur Rehousing Colony**

Execution of work on the scheme, sanctioned earlier, was taken up by the Central Public Works Department and the embankment of the road is nearing completion. Simultaneously the railway authorities have been requested to provide a railway crossing at the junction of the road and the railway line.

**(10) Redevelopment of Tihar Village**

Although all preparatory work for the execution of the scheme had been done, it was not possible to make any progress because of the existence of a number of local families in the village, who want a guarantee for the allotment of equivalent accommodation in the redeveloped plan. The matter is receiving attention of the Ministry of Rehabilitation.

**(11) Development of land for timber trade**

This scheme provided for the development of 24·6 acres of land on the south of Kirti Nagar, adjacent to the railway line to Delhi Cantonment, for resettling timber traders proposed to be moved out from the congested localities of the city. Although eventually the timber traders will occupy a much larger area, the present scheme represents the first phase of the project.

The project was sanctioned at an estimated cost of Rs 12·41 lakhs, including acquisition bill. The detailed layout plan of the project was prepared and the Central Public Works Deptt. was authorised to take preliminary action for the execution of the project. The Delhi Administration were also requested to take action in respect of the acquisition of the land under the Delhi Development Act.

#### (12) Development of 116 acres of land near Ranjit Nagar, Khampur

A scheme for the acquisition and development of an open area of about 116 acres, near Ranjit Nagar Khampur, off Patel Road, was prepared. It provides for utilisation of the area after development for the resettlement of families to be displaced from the adjacent built-up area of Ranjit Nagar, as also persons to be moved from the Pusa Road and Basti Anrit Kaur Puri area. According to the project, there will be available developed plots for such persons as wish to put up their own houses, apart from an area of 21 acres of land being earmarked for the construction of tenements.

According to the preliminary estimate, the project would cost Rs 57·83 lakhs, of which Rs 37·32 lakhs would be on land acquisition and the remainder on engineering works. This scheme will now be executed by the Municipal Corporation of Delhi.

#### (13) Development of land on Najafgarh Road opposite Rojouri Gardens.

This scheme, comprising 275 acres, is the first phase of the plan for the development of 800 acres of land in this neighbourhood. The plan envisages composite development and provides for developed plots not only for persons of different income groups but also for the construction of tenements under State subsidy. The area had been surveyed and the layout plan was under preparation. Land covered by the scheme was notified for acquisition in September 1957 and simultaneously with the preparation of plans and estimates, further proceedings for acquisition of land were initiated and a deposit of Rs. 51·00 lakhs on account of the value of the land made with the Land Acquisition Collector.

#### (14) Construction of 640 subsidized houses in Industrial Area—

The scheme as sanctioned for Rs. 23·68 lakhs provides for the construction of 640 single-roomed houses under State subsidy in the Industrial Area on Najafgarh Road on land developed by the former Improvement Trust. Work has been started.

**(15) Ghosi Colony—**

This scheme was the outcome of the existence of a large number of cattle keepers in the Delhi-Ajmeri Gate Clearance Scheme and the need for segregating them in a properly-developed locality. Accordingly, a proposal for the setting up of a Ghosi Colony in the Jhal Khurana area of Shahdara was prepared. On detailed examination, however, it was found that the area was low lying, and had to be cut up, necessitating extra expenditure on deep foundations and a high plinth. Various alternatives were therefore considered and a 15.34 acre site, south of the Okhla Sewage Treatment Plant near Madanpur village, was selected. Plans and estimates for the revised scheme were under preparation. This scheme will now be executed by the Municipal Corporation of Delhi who are now responsible for Slum Clearance work in Delhi.

**(16) Development of 50 acres of land beyond Shahdara Bund and construction of 1,500 tenements for slum dwellers—**

This scheme envisages acquisition and development of 50 acres of land beyond Shahdara bund on the Grand Trunk Road to Shahdara and construction of 1,500 tenements for slum evictees. The tenements are intended primarily for slum dwellers of the Jamuna Bazaar area. In the scope of the scheme is included the construction of a marginal bund to protect this area, against floods.

According to a preliminary estimate the capital outlay on this scheme, including construction of 1,500 tenements, would be Rs. 72.88 lakhs. The scheme formulated by the Delhi Development Authority has been brought to the notice of the Delhi Municipal Corporation who are now the authority concerned with its execution.

**(17) Administration of evacuee katraas—**

Up-to-date 241 properties were transferred by the Ministry of Rehabilitation to the DIT/Delhi Development Authority for slum improvement work. Necessary amenities were provided by these authorities in 228 Katras. This work has now been transferred to the Municipal Corporation of Delhi.

**Programme for 1960-61**

The Delhi Development Authority propose to embark on a number of schemes for the provision of developed land for housing and industrial purposes in accordance with the provisions of the Delhi Development Act, 1957. The acute shortage of developed land in Delhi has led to increase in land values and profiteering. As a measure towards meeting this shortage, the Delhi Development

Authority propose to develop some land out of these areas. In the beginning, they propose to develop about 380 acres for housing and 217 acres for industrial purposes as per following details:—

In addition to the above it is also proposed to take up construction of multi-storeyed buildings to be used for flat factories, for which type of accommodation there is considerable shortage in Delhi.

These schemes are estimated to cost Rs. 90.86 lakhs and the expenditure will partly be met from the available balances in the General Development Account and to the extent of Rs. 65 lakhs by way of a temporary advance from the Nazul account.

### 11. Town Planning Organisation

The main surveys and studies carried out by the Town Planning Organisation were as follows:—

- (1) Sample Survey of Business.
- (2) Future Population Projections for Delhi State and four adjoining districts of Meerut, Bulandshahr, Rohtak, and Gurgaon and 8 tehsils adjoining Delhi State.
- (3) Survey of Manufacturing Industries in Delhi.
- (4) Physical, Socio-economic and Housing studies in respect of Old Delhi which has been considered as Urban Renewal area.
- (5) Survey, analysis and preparation of landscape layouts for parks in:—
  - (a) South Western Extension Area.
  - (b) Lake on Kitchner Road.
  - (c) Nizamuddin Monuments Area.
- (6) Survey of a number of villages in the Delhi Territory and preparation of development plans for:—
  - (a) Rural shopping;
  - (b) Rural Education;
  - (c) Medical Facilities in Rural Delhi;
  - (d) Planning Frame work in Delhi Territory;
  - (e) Land Classification of Delhi Territory.
- (7) Study of comparative development costs of satellite townships like Ghaziabad, Faridabad, Ballabhpur, Gurgaon, Bahadurgarh and Narela.

(8) Collection of data on which the fiscal recommendations of the Master Plan will be based.

The studies on various aspects of planning which have been completed so far together with maps, drawings etc. were made over on the 14th November, 1959 to the Delhi Development Authority who are responsible for the publication of the Draft Master Plan and subsequently for the preparation of the Master Plan.

**Programme for 1960-61.**

After the draft of the Master Plan has been published by the Delhi Development Authority, the suggestions and comments received by them from public, local bodies, Government departments etc. will be examined by the Organisation and technical advice would be tendered to the Authority, as regards the acceptance or rejection of the proposals. The Town Planning Organisation will also study and consider from time to time, new factors which may develop in connection with the implementation of the Master Plan and would offer solutions. Planning is a continuous process and any single deviation from the original proposals in the Master Plan may involve reconsideration of a series of other proposals. This work will not be done during 1960-61 only but will also have to be continued in subsequent years.

**12. Central Regional and Urban Planning Organisation.**

At their meeting held on the 5th June, 1957, the Cabinet had agreed that an organisation may be set up under the Ministry of Health to prepare the full Master Plan for the Delhi region in association with the team of experts provided by the Ford Foundation and this organisation should also be available for consultation by Ministries, State Governments and the Local Bodies on the preparation of other urban and regional plans. The Central Regional and Urban Planning Organisation was set up as a subordinate office of the Ministry of Health with effect from 13-1-59, and has been mainly engaged so far in assisting the Town Planning Organisation in the preparation of the Master Plan for Greater Delhi. Now that the studies in connection with the Master Plan for Greater Delhi have been finalised and handed over to the Delhi Development Authority for further processing, this Organisation is in a position to assist other Ministries, State Governments, etc. in the matters of regional and urban planning.

The Organisation has received a number of requests for technical advice and assistance. Amongst these may be mentioned the planning of Rajasthan Canal Area, the new township for Sarawati Oil

Refinery, a township for the National Mineral Development Corporation in Orissa, a university town for the Tarai, U.P., a model village for the Suratgarh Mechanised Farm and the location of the new township for the Oil and Natural Gas Commission in Cambay area.

The Rajasthan Canal Project involves the preparation of a regional master plan for an area of approximately 6,000 sq. miles, which is now mainly a desert and which is to be developed as an agricultural area supplemented with cottage industries and small scale industries of the type suitable to the region. This vast area which has now a very low population density is to be reseltled with population with its main economy based on agriculture and animal husbandry. Preliminary studies are being made with the assistance of the Rajasthan Canal Board prior to the preparation of the regional master plan for the development of the area.

The Barauni township, the Kiriburu township in Orissa and the Cambay project deal with the location of new townships to provide for a substantially large industrial working force to be employed in the new projects. These locations are being studied in the context of the overall regional development of the area and keeping in view the impact they will have on the existing population, employment pattern etc.

Besides these specific projects the Central Regional and Urban Planning Organisation has also been requested to advise the Pondicherry Administration in the setting up of a general frame work in which proper urban planning and regional planning can be carried out by the Administration and the plans enforced.

Central Regional and Urban Planning Organisation is also at present engaged in studying the total urban living potential that is available today and the total urban living potential that will be required to house the urban population including the growth in the next twenty years on the basis of acceptable standards of urban living. These studies are expected to lead towards long term planning of urban development and redevelopment activities and will help to direct the efforts that are being made in housing, urban improvement slum clearance etc. in such directions as would lead towards a permanent solution of the problems that face the congested urban areas of our cities and towns.

Besides the actual preparation of plans Central Regional and Urban Planning Organisation is also advising the State Governments in the matter of planning legislation, building regulation and other controls necessary to direct urban development on healthy and rational lines.

### 13. Conference of All India Mayors

A conference of Mayors of the various Municipal Corporations was convened by this Ministry at Ootacamund on the 19th and 20th June, 1959. The main recommendations of the Conference were:—

- (1) Liberal assistance by way of loans and grants should be given to Corporations for water supply and drainage schemes.
- (2) Vigorous measures should be taken by all Corporations to eradicate small pox from India by introducing compulsory vaccination and re-vaccination.
- (3) Free mid-day meals should be given to all primary school children and Government should contribute at least 50% towards this expenditure.
- (4) Recommendations of the Taxation Enquiry Commission should be implemented on immediate basis.
- (5) Substantially larger amounts should be allocated for slum clearance and low-income group housing projects in Corporation towns.
- (6) The Corporation Acts should be so amended as to enable the elected representatives of the Corporations to exercise effective control and check on the executive.
- (7) There should be interchange of officers at the technical and expert level.
- (8) The Union Government be requested to legislate for making provision for the disabled, infirm, old and crippled people to assist them on the lines of the Poor Law of England and the National Health Services Act of 1946. The State Governments should also be requested to allocate sufficient funds for the Corporations to open beggar homes and take suitable measures as to prevent beggary in the cities.

## CHAPTER XII

### WATER SUPPLY AND SANITATION

#### 1. National Water Supply and Sanitation Programme

The National Water Supply and Sanitation Programme was started in August-September, 1954 in the First Five Year Plan Period with a view to assisting the State Governments to provide better water supply and drainage in urban and rural areas. The pattern of Central assistance is as follows:—

Rural Schemes	..	..	..	50% grant-in-aid
Urban Schemes	..	..		
Corporation Schemes	..	..	..	{ 100% Loan

The Central assistance includes the cost of equipment and material obtained through the U.S. Technical Co-operation Mission and allotted to the States.

#### Urban Schemes:—

**First Five Year Plan:** During the First Plan period 255 urban water supply and drainage schemes estimated to cost Rs. 45 crores were approved and loans totalling to Rs. 8.29465 crores were sanctioned by the Centre for the implementation of these schemes, during this period.

**Second Five Year Plan:** During the Second Plan period some new schemes have been approved and the number of schemes included under this programme is now 278 water supply and 61 sewerage and sewage disposal schemes. The estimated cost of all the approved schemes is about Rs. 64 crores. A provision of Rs. 53 crores was made in the Second Plan for carrying out these schemes. It has since been reduced to Rs. 47 crores made up of Rs. 24 crores in the Central Plan and Rs. 23 crores in the States' Plans. During the years 1956 to 1960 loans totalling to Rs. 30.1369 crores (including the provision made for the year 1959-60) were sanctioned to the State Governments for the execution of the new and spillover schemes.

### **Corporations:—**

In the Second Five Year Plan a provision of Rs. 10 crores has been made in the Central Plan for assisting the water supply and sewerage schemes of Municipal Corporation 9 water supply and 6 sewerage and sewage disposal schemes estimated to cost Rs. 8·4 crores have been approved under the programme and are in progress. The total loans paid for the execution of these schemes during the Second Plan period upto 31-3-60 would be Rs. 4.215 crores (including the provision made for the year 1959-60).

### **Rural Water Supply and Sanitation Schemes.**

**First Five Year Plan:** 133 rural water supply and sanitation schemes estimated to cost about Rs. 1350 lakhs were approved and a sum of Rs. 280·0675 lakhs was paid as grant-in-aid during the same period. Most of these schemes were not completed in the First Five Year Plan and were carried over into the Second Plan.

**Second Five Year Plan:**—99 new rural water supply schemes estimated to cost about Rs. 4 crores have so far been sanctioned during the Second Plan period. 232 schemes estimated to cost Rs. 17·87 crores are now under execution in the several States. A sum of Rs. 28 crores has been provided in the State Plans for the rural schemes. During the years 1956—60 a sum of Rs. 6·997 crores (including the provision made for the year 1959-60) was sanctioned as grant-in-aid based on 50% subsidy to the participating States under this Programme.

**Equipment and Materials:** Under the Indo-U.S. Operational Agreement and supplements thereto, a sum of \$6.214651 million (including amendments issued so far) has been made available by the U.S. Government for the purchase of materials and equipment required for the implementation of the National Water Supply and Sanitation Programme. Materials and equipment worth \$5.957 millions have been received and distributed to the State Governments so far. The material and equipment procured comprise well drilling rigs, cast Iron Pipes, Windmills, Air compressors; Pumps Jeeps, Jeep Station Wagons, Trucks, Laboratory Equipment, Public Health Engineering Kits, Drifting kits and Public Health Engineering books.

### **2. Central Public Health Engineering Organisation**

The Central Public Health Engineering Organisation was set up for assisting the State Governments with technical advice and guidance in the preparation and execution of their water supply and sanitation schemes and for organising the several training courses

for the training of Public Health Engineering personnel. A well Drilling Superintendent and a Rural Sanitation Adviser provided by the T.C.M. are also attached to the Organisation. The Public Health Engineers of this Organisation undertake tours to the various States at the request of the State Governments for local inspections and technical advice. The Organisation has got the following staff:—

1. One Deputy Director General (PHE)
2. One Assistant Director General (PHE)
3. Five Dy. Assistant Directors General(PHE)
4. Two Junior Public Health Engineers
5. One Sanitary Chemist.

### **3. Training in Public Health Engineering:**

A provision of Rs. 30 lakhs now exists in the 2nd Five Year Plan period for the training of Public Health Engineering personnel required to implement the National Water Supply and Sanitation Programme.

The Programme envisaged the training of the Engineers, Engineering subordinates (overseer and sub-overseers) Water Works Operators, and Sanitary Inspectors, in specially designed courses. The training courses for the Engineers and Engineering subordinates are held at the All India Institute of Hygiene and Public Health, Calcutta, Engineering College, Guindy, Madras and the Engineering College, Roorkee. The Water Works Operators Course and the Sanitary Inspector Courses are held at regional centres selected from time to time for the purpose. During the year 1959-60 thirty-one trainees (including an Engineer from the Philippines) were admitted to the Post-graduate course in P.H.E. at the All India Institute of Hygiene and Public Health, Calcutta. For a similar course at the Engineering College, Guindy, Madras, 10 State Sponsored candidates have been admitted during this year. In addition 33 Engineers and 68 Engineering subordinates were given intensive training in three months' courses conducted at, the Roorkee and Madras Engineering College. A sanitary inspectors course was organised at Najafgarh (near Delhi) and three water works operators course have so far been conducted at Delhi, Bangalore and Lucknow. The Union Ministry of Health bears the cost of the training on behalf of the trainees sponsored by the respective State Govts. and in addition the trainees are paid stipends at the rates of Rs. 150 p.m. to Engineers, Rs. 100 p.m. to Engineering subordinates and Rs. 100 p.m. to Water Works Operators and Rs. 75 p.m. for Sanitary Inspectors. The Central Ministry of Health is assisting the two Engineering Colleges at Guindy and Roorkee by

way of grant-in-aid for the additional buildings and laboratory put up by them for this training programme and also meet half the cost of the additional teaching staff employed for this purpose. The total number of persons trained so far in each category is as under:—

Engineers in the post-graduate course in P.H. Engineering.	127 (Includes candidates under training during the current year.)
Engineers in three months course	72
Engineering subordinates	190
Sanitary Inspectors	27
Water Works Plant Operators	79

During the year 1960-61 it is proposed to train 40 Engineers in the post-graduate course in Public Health Engineering at the All India Institute of Hygiene and Public Health, Calcutta, and the Engineering College, Guindy, Madras. In the short term courses, 90 Engineers, 120 Engineering Subordinates, 60 Water Works Plant Operators and 30 Sanitary Inspectors are to be trained during the same period.

#### 4. Water Supply for Greater Delhi

The Technical Committee which was constituted by the Government of India in 1958 to recommend measures for stabilizing and augmenting Delhi's Water Supply submitted its report during the period under review.

This Committee recommended the following schemes:—

#### I. STABILISATION

- (a) Sinking of 100 Tube Wells in the Sonepat Area and bringing this Tube-well water to Delhi by a carrier channel.
- (b) Supply of 15 cusecs of water at Okhla from the Hindon River and compensating the U.P. Government with an equivalent quantity of water through tube wells.

#### II. AUGMENTATION

- (a) Supply of 200 cusecs of water from the Gurgaon Tunnel Scheme to serve the needs of West Delhi.
- (b) Supply of 200 cusecs of water to the South Delhi areas from the Ramganga Scheme.

### III. WATER SUPPLY TO SHAHADRA

- (a) Supply of 15 cusecs of water to Shahadra from Tube Wells in the Loni Area.
- (b) Supply of a further quantity of 15 cusecs of water to Shahadra to meet the additional requirements upto 1991 by sinking more tubewells in the Loni Area.

The above measures will assure for Delhi a total supply of about 278 million gallons per day, which is the estimated requirement by 1981.

The Delhi Municipal Corporation has accepted all recommendations of this Committee except the proposal for sinking 100 Tube Wells in Sonepat area as running of tubewells for two months would be very uneconomical and the maintenance and keeping the long channel free of contamination and misuse would also be very difficult. Instead of this the Corporation had requested the Punjab Government to continue to release water in the Jamuna during the 2 hot weather months till increased supply from the Western Jamuna Canal is made available.

The Government of Uttar Pradesh and Punjab have been requested to work out specific plans and estimates for implementing these recommendations.

The progress of water supply works which were taken up by the Water Supply and Sewage Disposal Undertaking of the Municipal Corporation of Delhi during the 2nd Five Year Plan period has been as follows:—

- (1) The Filtered water main along Najafgarh Road has been completed and put into commission. This main starts from the Industrial Area Reservoir and ends near Tilak Nagar. The work on additional main is being taken up.
- (2) The New Reservoir of 1·2 Million Gallons capacity at Shadipur has been put into commission and water supply hours in Patel Nagar area increased.
- (3) The new 48 inches main between Chandrawal No. 2 and Memorial Reservoir is nearing completion and will be put into commission in February, 1960.
- (4) New pump to pump additional water in Shadipur Reservoir has been ordered and is expected by March, 1960.
- (5) One new reservoir of 2·5 Million Gallon Capacity at Telkatora and two of 1·2 million gallons capacity at Mutiny Memorial area are nearing completion and will be put into commission during April, 1960.

- (6) A new 30 inches main is being laid from Jhandewala to Talkatora Reservoir to supply more water in New Delhi area and will be put into commission during April, 1960.
- (7) New 30 M.G.D. water treatment plant at Chandrawal No. 2 has been completed and some units put into commission. It will be started in full swing during Summer 1960.
- (8) Tenders for new reservoir of 2·4 million gallons capacity at Hasanpur have been received and work is to start soon.
- (9) The Barrage at Wazirabad was completed in all respects before the floods of 1959 at a cost of Rs. 1·5 crores. The gates of the Barrage were regulated during floods and no difficulty was faced this year in maintaining the normal water supply after floods.

### **5. Sewage Disposal Works**

#### **NORTH ZONE**

The construction of the main trunk sewer for the northern zone was started much earlier than April last. A change had to be made in the agency carrying out the work as the contractors did not show any progress. The work was entrusted to the new contractor, who started work in April, 1959 and since then about 8000 Rft. of sewer line has been completed. An expenditure of Rs. 7 lakhs has already been incurred on this. It is expected that it will be possible to stick to the original schedule so far as the completion of the work is concerned.

Plans and estimates for the branch and tributary sewers for the northern zone have been approved by the Corporation at a total cost of Rs. 37 lakhs. Tenders for this work are being invited. The work is expected to be completed in 18 months from the date of commencement.

Works estimated to cost Rs. 26 lakhs for reducing the organic matter in the sewage—Secondary Treatment—were started early in 1958. These works are nearing completion and it is expected that the new works will be put into commission before monsoon, 1960.

#### **WEST ZONE**

There are no further developments so far as the Sewage Treatment Plant for the West Delhi are concerned. The plant has already been completed and is waiting to be commissioned on the completion

of the Najafgarh sewer which is under construction by the Central P.W.D. From the progress so far made, it is expected that the sewer will be completed by about June, 1960 and the plant put into commission.

### SOUTH EAST ZONE

Due to the failure of Messrs Duncan Stratton and Co., the new plant at Okhla could not be completed on the scheduled date—3rd October, 1959. Six months were lost before Messrs Duncan Stratton restarted the work in November, 1959. The work is now in full speed and is expected to be completed by the end of May, 1960. On the completion of this work, it will be possible to bring an additional flow of 30 million gallons of sewage for primary treatment. The necessity for secondary treatment still remains as the sedimented sewage applied to land causes contamination of the wells downstream.

The work on the trunk sewer from Delhi Gate to Ring Road was also held up due to insufficient progress and failure of the previous contractor. The work was entrusted to a new contractor who started the work early in April, 1958, and since then a length of 7500 ft. in the deepest portion has been completed. The total expenditure incurred on this and the work already completed, is about Rs. 17 lacs.

### RING ROAD PUMPING STATION

The progress on the construction of the Ring Road Pumping Station is quite satisfactory. The civil work is almost complete and the pumps and the other machinery have arrived at site. It is expected that this pumping station will be put into commission before December, 1960.

The three new pumps were installed during the year under review at the Kilokri Pumping Station. They were put into commission in November, 1959. Each of these pumps has an effective capacity of 30 million gallons per day.

## CHAPTER XIII

### INTERNATIONAL HEALTH RELATIONS

#### 1. The World Health Organisation

India has been a member of the W.H.O. since its inception in 1948 and has taken active interest in its various activities. During the year 1959 several Indian Public Health Workers were appointed as members of W.H.O. Expert Advisory Panels on Environmental Sanitation, Health Statistics, Tuberculosis, Milk Hygiene, Leprosy, Rabies, Medical Care, Local Health Service, Biological Standardisation and Cardio-Vascular Diseases.

The W.H.O. has provided a sum of U.S. \$ 881,983 (\$ 365,505 from the Regular Budget and \$ 516,478 from Technical Assistance Budget) i.e. Rs. 41,99,910 for the implementation of programmes in India during the year 1959 under its Regular and Technical Assistance Funds. W.H.O. has also budgetted a sum of U.S. \$ 323,740, i.e., Rs. 15,41,140 for the implementation of the Malaria Eradication Programme in India during 1959.

S. No.	Name of Project	No. of International Experts to be provided by W.H.O. during	
		1959	1960
1.	Tuberculosis Control & Training Centre, Nagpur (India 23-TA)	4	..
2.	Tuberculosis Control & Training Centre, Hyderabad, (India 43-TA)	4	1
3.	Tuberculosis Chemotherapy Centre, Madras. (India-53-TA)	6	6
4.	National T.B. Programme, (India-102-TA)	11	14
5.	Trachoma Pilot Project Uttar Pradesh, (India-101-Regular)	1	1
6.	Public Health Programme, Rajasthan, (India-106-TA)	2	2
7.	Public Health Programme, Punjab, (India-107 Regular)	3	4
8.	Public Health Programme, Bihar (India 145-T.A.)	2	2
9.	Public Health Programme, Uttar Pradesh, (India 146- Regular)	2	2
10.	Public Health Programme, Kerala, (India 147-Regular)	2	2
11.	Public Health Programme, Mysore, (India-148-TA)	2	2

S. No.	Name of Project	No. of International Experts to be provided by W.H.O. during	
		1959	1960
12.	Public Health Programme Madhya Pradesh (India-149- Regular)	4	4
13.	Public Health Programme, Bombay (India-150-TA)	3	3
14.	Public Health Programme, Andhra Pradesh. (India 151- Regular)	4	4
15.	Public Health Programme, Assam (India 152-Regular)	4	4
16.	Dental Health (India-100-Regular)	1	1
17.	Vital & Health Statistics, Nagpur, (India 90-TA)	1	1
18.	Nursing Education (Public Health Integration) (India 99- TA)	3	3
19.	Nursing Advisers to States (Madras, Madhya Pradesh & States under signated) (India 110-TA)	2	2
20.	Curriculum Guide Syllabus for Nursing & Midwifery Training (India 155-Regular)	..	1
21.	Health Education (Ministry of Health in co-operation with Ministry of Education) (India-85-TA)	1	1
22.	Health Education States of Bombay, Uttar Pradesh & Bihar (India 108TA)	3	3
23.	Health Education, All-India Institute of Hygiene and Public Health, Calcutta (India-118-TA)	1	1
24.	Paediatric Education (India 114-Regular)	3	3
25.	Assistance to Upgraded Departments of Paediatrics of the Medical Colleges, Madras, (India-134-Regular)	2	1
26.	Assistance to Upgraded Departments of Paediatrics of the three Medical Colleges, Bombay- (India 135-Regular)	3	3
27.	Assistance to the All India Institute of Mental Health, Bangalore, (India 71 Regular)	5	3
28.	Public Health Engineering—University of Madras (India- 77-TA)	2	2
29.	Environmental Sanitation, Kerala (India-95-TA)	2	2
30.	Environmental Sanitation, Uttar Pradesh, (India-84-TA)	2	2
31.	Water Supply and Sewage Disposal, Calcutta. (India- 170-TA)	4	..
32.	Malaria Eradication India (India 153-MESA)	8	8
33.	Training in Preventive & Social Medicine. (India-91-TA)	2	2
34.	All India Institute of Hygiene & Public Health, (Calcutta Exchange of Professors). (India-137-TA)	1	..
35.	Medical Librarian, All-India Institute of Hygiene & Public Health, Calcutta. (India-172 Regular)	..	1

As usual foreigners who were granted W.H.O. fellowships for training in various institutions in India were afforded necessary facilities

## 2. International Meetings.

The following persons attended the International meetings as detailed below:—

- |   |   |
|---|---|
| <p>1. Twenty third Session of the WHO Executive Board held in Geneva from 20th January to 3rd February, 1959.</p> <p>2. Twelfth World Health Assembly held in Geneva from 12th to 30th May, 1959.</p> <p>3. Twelfth W.H.O. Regional Committee for South East Asia, held in Kandy, Ceylon from the 23rd to 29th September, 1959.</p> <p>4. Meeting of the Executive Board of the UNICEF held in Geneva from 2nd to 10th March, 1959.</p> <p>5. Meeting of the Executive Board of the UNICEF held in Geneva in September, 1959.</p> <p>6. XV International T.B. Conference held at Istanbul from 7th to 18th September, 1959.</p> <p>7. Meeting of the T.B. Expert Committee of the W.H.O. held at Geneva from 28th September to 3rd October, 1959.</p> <p>8. Meeting of the W.H.O. Study Group on B.C.G. Vaccine Production, held at Manila from 16th to 20th November, 1959.</p> <p>9. Meeting of the P.A.O. Seminar on Food Technology held in Mysore from the 1st to 8th August, 1959.</p> <p>10. Meeting of the W.H.O. Scientific Group on Malaria Research held in Geneva from 23rd to 27th November, 1959.</p> <p>11. Meeting of the W.H.O. Scientific Group on Research in Non-Ophthalmological aspects on Onchocerciasis and Filariasis held at Geneva from 16th to 21st November, 1959.</p> <p>12. Meeting of W.H.O. Expert Committee on Insecticides held at Geneva from 14th to 19th September, 1959.</p> | <p>Lt. Col. Jaswant Singh, Director General of Health Services.</p> <p>1. Shri D.P. Karmarkar, Union Health Minister.<br/>2. Dr. A.L. Mudaliar, Vice-chancellor University of Madras.<br/>3. Lt. Col. Jaswant Singh, Director General of Health Services.<br/>4. Dr. D.S. Raju, Member of Parliament.<br/>5. Dr. V. Ramakrishna, A.D. G.H.S.</p> <p>1. Lt. Col. Jaswant Singh, Director General of Health Services.<br/>2. Dr. G.S. Melkote, Member of Parliament.<br/>3. Dr. C.G. Pandit, Director, Indian Council of Medical Research.</p> <p>Lt. Col. M. L. Ahuja, Medical Adviser to the High Commissioner for India, United Kingdom, London.</p> <p>Shri M.A. Vellodi, Permanent Mission of India to United Nations, New York.</p> <p>1. Dr. P.V. Benjamin, Adviser-in-Tuberculosis.<br/>Do.</p> <p>1. Dr. C.B. D'Silva, Director B.C.G. Vaccine Laboratory, Guindy, Madras.</p> <p>Dr. Y.K. Subramanyam, Asstt. Director General of Health Services, (P.H.)</p> <p>Dr. S.P. Ramakrishna, Director, Malaria Institute of India, Delhi.</p> <p>Dr. N.G.S. Raghavan, Deputy Director, National Filaria Control Programme.</p> <p>Dr. Rajinder Pal, Dy. Director, National Malaria Eradication Programme.</p> |
|---|---|

The Government of India's contribution to W.H.O. during 1959 amounted to U.S. \$407,920 (Rs. 19,42,476). During the year 1960 a contribution of U.S. \$382,210 (Rs. 18,20,047) will be made to W.H.O.

### 3. U.N.I.C.E.F.

The United Nations Children's Fund (U.N.I.C.E.F.) is a part of the United Nations Established by the U.N. General Assembly in December, 1946 and is an International Co-operative on behalf of Children. The Organisation offers assistance which is normally in the form of equipment and supplies to health Programmes for expectant and nursing mothers and children. It makes allocation of funds against requests for specific project on the basis of negotiations between representatives of the Government of India, the State Government concerned and the U.N.I.C.E.F. India is a member of the U.N.I.C.E.F. Executive Board and its membership will continue upto 1960.

The following programmes were approved at the March 1959 Session of the UNICEF Executive Board:—

1. Child Nutrition Project, Orissa . . . . .	\$ 165,000
2. Pre-school & School Feeding Programme (34,826,000 pounds skim milk powder) . . . . .	\$ 870,700 (freight)
3. Milk Conservation Programme, Bombay . . . . .	\$ 1,000,000
4. Milk Conservation Programme, Rajkot . . . . .	\$ 150,000
5. (a) Tuberculosis Control Programme . . . . .	\$ 330,000
(b) B.C.G. Vaccination Campaign . . . . .	\$ 2,79,000
6. D.D.T. Plant, Delhi (Supplementary allocation) . . . . .	\$ 73,000
TOTAL . . . . .	<u>\$ 2,867,700</u>

### SESSION

At the September 1959 Session of the UNICEF Executive Board the following programmes were approved:—

1. Continued assistance to the National Programme for the Development of Health Services in Relation to Community Development . . . . .	\$ 1,264,000
2. Milk Conservation—Bangalore City Diary . . . . .	\$ 5,90,000
3. Additional equipment for the Milk Conservation Project in the City of Ahmedabad . . . . .	\$ 167,000
4. Nutrition Education & Related Activities (Andhra Pradesh) . . . . .	\$ 217,000
TOTAL . . . . .	<u>\$ 2,238,000</u>

The U.N.I.C.E.F. accordingly allocated U.S. \$5,105,700 during the year 1959 to India.

Requests for assistance for the following programmes have been sent for consideration by the UNICEF Executive Board at its March 1960 session:—

1. Supply of skim milk for M.C.W. & School feeding.
2. Trachoma Control.

- 3. Paediatric Unit, Agra.
- 4. B.C.G. Campaign in India.
- 5. Freeze Drying Equipment for manufacture of dried small-pox vaccine.

Total assistance from UNICEF upto date amounts to \$ 27,803,057 (i.e. Rs. 1,32,419,319).

The UNICEF is financed by contributions from Governments, voluntary agencies, individuals, and other sources. The Government of India, Min. of Health contributed to UNICEF Rs. 16,00,000/- in the year 1959, besides a grant of Rs. 5,00,000 for the maintenance of the UNICEF local office. The Ministry of Food and Agriculture have also made a contribution of a sum of Rs. 7,00,000/- to the UNICEF during 1959.

#### **4. Rockefeller Foundation**

During the year 1959, 7 fellowships, 7 travel grants and 5 grants-in-aid amounting \$2,25,110 were provided by the Foundation to the various Medical Colleges and Research Institutions in India.

#### **5. International Assistance for Development of Health Schemes in Rural Areas**

During the year 1959-60 a further allocation of U.S. \$1,264,000 was made by the UNICEF bringing the total allocation so far made by that organisation to India for the development of health services in rural areas to U.S. \$7,210,000 (approximately Rs. 343 lakhs). The UNICEF supplies for this programme cover:—

- (i) Equipment, drugs and diet supplements and public health nurses kits for 1,286 primary health centres and 3,320 sub-centres,
- (ii) 4,900 midwifery kits,
- (iii) 1,369 vehicles for primary health centres and District Health Organisations,
- (iv) Essential imported equipment for 163 referral hospitals amounting to approximately \$407,300 (Rs. 19.37 lakhs),
- (v) Equipment for 111 Public Health Laboratories amounting to \$132,200 (approximately Rs. 6.28 lakhs),
- (vi) Sanitation equipment for 6,000 schools and sub-centres, and
- (vii) Supplies and equipment for 3 State Health Education Bureau,

Upto the end of December, 1959 the value of supplies and equipment released by the organisation amounted to U.S. \$23,99,019 (approximately Rs. 114 lakhs).

#### **6. Children's Day Celebrations**

Children's Day was celebrated throughout the country on 14th November, 1959. In New Delhi, various family Planning Centres, attached to the CHS Dispensaries celebrated the Day. The Day's programme included baby shows, dance, music, drama and exhibitions, puppet and film shows. Prizes and sweets were distributed to children attending the functions.

The Bureau assisted various child welfare and social organisations in organising the celebrations.

A special number of the *Swasth Hind*—the Bureau's monthly publication—carrying articles on the theme of the Day, 'The maladjusted child must be re-educated' and 'the waif and the orphan must be sheltered and succoured' was issued. A few articles on child care and nutrition were also published in the Journal.

A folder in English and Hindi explaining the theme of the Day was brought out.

The Special Number of *Swasth Hind* and copies of the folder and sets of posters on family planning and child welfare were supplied by the Bureau to the CHS Dispensaries and child welfare organisations in the Capital, and to the State Directorates of Public Health and Education. Three thousand copies each of the folder in English and Hindi were supplied to the Indian Council of Child Welfare, New Delhi.

#### **7. World Health Day**

As in the previous year, the World Health Day was observed on the 7th April in 1959. The theme chosen for that year was 'Mental Illness and Mental Health in the World of Today'. An *ad hoc* committee was constituted to plan and co-ordinate the activities for the observance of the Day.

The World Health Day was celebrated throughout the country in a befitting manner by giving wide publicity to subjects related to the theme by radio talks, exhibitions, processions, public meetings, newspapers, leaflets, posters, and other audio-visual methods. In some of

the cities 'health week' was observed on the occasion. Various voluntary organisations like the Indian Red Cross Society, Central Social Welfare Board, All India Boy Scouts Association, Indian Medical Association, etc., also participated.

**8. Contribution to the League of Red Cross Societies, Geneva and the International Committee of the Red Cross**

There is a provision of Rs. 1,50,000 in the budget estimates for 1959-60 for payment of Rs. 75,000 each, as Government of India's contribution, to the League of Red Cross Societies and the International Committee of the Red Cross.

**9. Reimbursement of Custom Duty on gift parcels**

The reimbursement of expenditure incurred by charitable institutions on customs duty paid on gift consignments of non-consumable medical stores received by them, continued to be made by the Ministry of Health.

## ANNEXURE 'A'

(i) *Pre-clinical Department:*

1. Study of Purine Metabolism in Neo-Natal, Adult and Senile Tissues.
2. Differential Metabolism of various regions of the Brain.
3. Metabolic patterns of the feeding and satiety centres during starvation.
4. Biosynthesis of Globulins.
5. Nervous Regulation of Food Intake.
6. Nervous Regulation of Water Intake.
7. Control of visceral and Metabolic Activity from the Limbic system of the Brain.
8. Regulation of Endocrinological activity.
9. Regulation of behaviour by the Limbic system of the Brain.
10. Physiological Responses of Yogic.
11. Hypothalamic and Endocrinological Control of Reproduction.
12. Electro Physiology of Muscle spindles.
13. Retrograde reaction in motoneuron dendrites, following ventral root section.
14. Cholinesterase Localization in the amphibian spinal cord.

(ii) *Para-Clinical Departments:*

1. Endemic Goitre in the Sub-Himalayan belt of Northern India.
2. Protein Malnutrition.
3. Atherosclerosis in India.
4. Stone in Urinary bladder.
5. Anaemias of Pregnancy and childhood.
6. The nature of Trachoma virus.
7. Growth Factors for rapid cultivation of M. Tuberculosis.
8. Virus as Teratogenic agent in Chick embryo.
9. Incidence of Pulmonary Pungus Infection.
10. Action of Indigenous and Synthetic drugs on impulse generation of the heart.

11. Coronary Dilators and Respiratory Stimulants from Indigenous and Synthetic drugs.
12. Indigenous drugs.
13. Pharmacology of toxic food grains which are found to contain reserpine like alkaloids.
14. Pharmacology of carissa carundus roots.

Besides these main items, projects were also given to other members of the staff and post-graduate students for investigation.

(iii) *Projects outlined by Clinical departments:*

1. Cirrhosis of the Liver.
2. Iron deficiency anaemias.
3. Haemodynamic and Immunologic changes in Burgers Disease.
4. Coronary Collateral circulation.
5. Surgical correction of mitral insufficiency with use of heart-pump.
6. Chlorthiaside in the treatment of mercury resistant congestive heart failure.
7. Evaluation of Juvenile mitral atresia by clinical, electrocardiographic, radiological and haemodynamic studies.
8. Experimental induction of Congenital defects.
9. Experimental production of myositis ossificans.
10. Metabolic bone disease.
11. Bone grafting with bones preserved in the bone Bank.

## **ANNEXURE 'B'**

**Statement showing the amounts sanctioned to various organisations during 1956-57, 1957-58, 1958-59 and 1959-60 (upto Dec. 1959),  
for Family Planning**

Name of State	Amount sanctioned 1956-57		Amount sanctioned 1957-58		Amount sanctioned 1958-59		Estimated Central assistance to Local Bodies, & to State Govt., during 1959-60 (Dec. 1959)	Amount sanctioned to Local Bodies & Vol. Orgs. 1959-60 (Dec. 1959)
	State Govt.	Local bodies & Vol. orgs.	State Govt.	Local bodies & Vol. Orgs.	State Govt.	Local Bodies & Vol. Orgs.		
Andhra	..	..	8,761	90,621	11,630	62,104	10,992	2,89
Assam	..	..	..	..	91,500	25,696	1,30,839	..
Bihar	..	..	..	..	38,442	9,760	1,18,750	3,000
Bombay	..	..	11,500	5,11,186	71,240	8,39,563	1,53,644	7,62,836
Kerala	..	..	..	..	3,000	..	46,386	81,727
Madhya Pradesh	..	..	..	..	7,000	17,000	80,388	11,853
Madras	..	..	14,363	15,713	36,840	38,613	1,81,943	1,12,500
Meerut	..	..	..	..	22,000	52,908	25,228	27,453
Orissa	..	..	17,000	..	..	..	46,883	..
Punjab	..	..	..	15,000	71,367	87,513	63,758	40,890
Rajasthan	..	..	..	..	1,55,180	13,089	40,504	6,900
Uttar Pradesh	..	..	9,515	600	1,48,127	1,02,249	1,48,883	5,52

West Bengal	-	-	-	-	19,484	70,597	1,96,119	1,20,984	87,306	2·78	1,05,845
Jammu & Kashmir	-	-	-	-	..	..	..	21,300	..	0·54	..
Delhi	-	-	-	-	15,000	2,000	..	1,40,892	..	..	79,000
Himachal Pradesh	-	-	-	-	..	..	..	..	..	..	..
Manipur	-	-	-	-	..	..	..	7,750	..	..	..
Tripura	-	-	-	-	..	..	..	..	..	..	..
<b>Total</b>	-	-	-	-	57,863	6,06,659	6,86,295	16,09,756	12,32,526	14,44,217	42·22 10,76,557

\*In addition to above, the expenditure on clinics attached to CHS Dispensaries Central Organisation and Training centres for the year 1956-57  
 1957-58, 1958-59, 1959-60 (up to December 1959) was Rs. 1·96 lakhs, Rs. 3·05 lakhs, Rs. 4·74 lakhs and Rs. 3·35 lakhs respectively.

## ANNEX-

*Statement showing the number of Family Planning Clinics opened in*

State	Number opened during 1956-57								Number opened during 1956-58								
	State Govt.	Local Bodies	Vol. Orgs.	Total				State Govt.	Local Bodies	Vol. Orgs.	Total				State Govt.	Local Bodies	
				R	U	R	U				R	U	R	U			
Andhra .	..	..	..	..	..	..	..	..	..	..	7	..	..	I	..	I	7
Assam .	..	..	..	..	..	..	..	..	35	8	..	..	I	..	36	8	
Bihar .	..	..	..	..	..	..	..	..	22	6	..	..	..	..	..	22	6
Bombay .	..	..	..	..	..	..	..	..	42	3	..	3	4	I5	46	21	
Kerala .	10	4	..	..	..	10	4	20	4	..	..	4	2	24	6		
Madhya Pradesh .	..	..	..	..	..	..	..	..	2	..	..	..	I	..	..	3	
Madras .	..	..	..	I	..	..	I	64	7	..	3	I	1	65	11		
Mysore .	..	..	..	..	..	I	..	I	8	10	..	..	2	8	12		
Orissa .	..	3	..	..	..	..	..	3	25	25	..	..	..	25	25		
Punjab .	..	..	..	..	..	..	..	..	7	4	..	..	5	5	I2	9	
Rajasthan .	..	..	..	..	..	..	..	..	15	5	..	..	..	2	25	7	
Uttar Pradesh .	..	2	..	..	..	..	..	2	35	7	..	..	..	7	35	I4	
West Bengal .	..	..	I	..	..	I	I	9	9	..	I	2	8	II	I8		
Jammu & Kashmir .	..	..	..	..	..	..	..	..	..	2	..	..	..	..	..	2	
Delhi .	..	..	..	..	..	..	..	..	..	3	..	9	..	..	..	I2	
Himachal Pradesh .	..	..	..	..	..	..	..	..	..	2	..	..	..	..	..	2	
Manipur .	..	..	..	..	..	..	..	..	..	I	..	..	I	..	..	2	
Tripura .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
Pondicherry .	..	..	..	..	..	..	..	..	..	..	I	..	..	..	..	..	
<b>TOTAL .</b>	<b>10</b>	<b>9</b>	<b>..</b>	<b>2</b>	<b>..</b>	<b>I</b>	<b>II</b>	<b>12</b>	<b>292</b>	<b>105</b>	<b>..</b>	<b>I7</b>	<b>I8</b>	<b>44</b>	<b>310</b>	<b>I65</b>	

The number of clinics opened during first five year plan period was 147 (21 rural and  
The number of clinics opened during second five year plan period rose upto 1037 (723

## URE 'C'

*States during Second Five Year Plan.*

State Govt:	Number opened during 1956-59						Number opened during 1956-59 (Dec. 59)							
	Local Bodies		Vol. Orgs.		Total		Stage Govts.		Local Bodies		Vol. Orgs.			
	R	U	R	U	R	U	R	U	R	U	R	U		
86	7	..	..	1	..	87	7	90	22	..	1	1	91	22
35	8	..	..	2	2	37	10	45	8	..	2	2	47	10
22	6	..	..	..	..	22	6	22	6	..	..	1	22	7
77	10	..	9	6	25	83	44	145	11	..	17	10	31	56
20	10	..	..	11	1	31	11	24	10	..	12	2	36	12
67	23	..	..	..	2	67	25	81	26	..	..	8	81	34
64	7	..	3	1	1	65	11	70	11	..	3	1	71	15
17	13	..	..	..	2	17	15	31	13	..	..	2	31	15
39	25	..	..	..	..	39	25	40	27	..	..	..	40	27
12	7	..	..	6	6	18	13	12	7	..	6	7	18	14
25	5	..	..	..	2	25	7	41	14	..	..	2	41	16
35	7	..	..	..	7	35	14	68	13	..	..	5	68	18
10	32	..	1	3	9	13	42	9	32	..	1	5	10	14
..	2	..	..	..	..	..	2	..	2	..	..	..	..	2
..	3	..	9	..	1	..	13	..	3	..	9	..	1	..
..	3	..	..	..	..	..	3	..	3	..	..	..	..	3
..	1	..	..	..	1	..	2	..	1	..	..	1	..	2
..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
..	1	..	..	1	..	..	1	..	1	..	..	..	..	1
509	170	..	22	30	59	539	251	678	210	..	30	37	74	716
														313

26 urban).

rural &amp; 314 urban).

**ANNEXURE 'D'**

*Statement showing number of persons State-wise trained in Family Planning during 1st Plan period and Second Plan period upto Nov. 1959.*

Name of State	Number of persons trained during 1st Plan Period				No. of persons trained during 2nd Plan period upto Nov. 1959					
	Doctors	Health Visitors	Social Workers	Others	Total	Doctors	Health Visitors	Social Workers	Others	Total
Andhra	..	..	..	..	..	9	11	5	1	26
Assam	..	..	..	..	..	289	5	3	7	304
Bihar	..	..	..	..	..	2	2	..	..	4
Bombay	..	..	..	..	..	96	87	92	191	466
Kerala	..	10	11	..	..	21	38	18	27	116
Madhya Pradesh	..	..	..	..	..	12	4	33	..	49
Madras	..	..	..	..	..	152	..	12	100	264
Mysore	..	..	..	..	..	41	20	14	354	429
Orissa	..	..	..	..	..	7	11	1	..	19
Punjab	..	..	..	..	..	11	29	1	1	42
Rajasthan	..	..	..	..	..	10	2	..	..	12
Uttar Pradesh	..	..	..	..	..	4	..	63	45	112
West Bengal	..	..	..	..	..	351	153	52	13	569
Jammu & Kashmir	..	..	..	..	..	3	..	..	..	3

Delhi	.	.	20	21	5	..	46	75	37	8	6	126
Rajasthan	.	.	..	..	..	..	..	3	4	2	2	11
Madhya Pradesh	.	.	..	..	..	..	..	8	..	8	19	35
Tripura	.	.	..	..	..	..	..	1	1	..	..	2
<b>TOTAL</b>	.	.	30	32	5	..	67	1,112	384	321	772	2,589







